Republic of South Sudan

Ministry of Higher Education, Science & Technology (MOHEST)

Egyptian Scholarship for the Academic Year 2022-2023

SCHOLASHIP APPLICATION FORM

POSTRDUATE STUDENTS

Photo

Form: 1

Student Information

1. Full Name: ……
2. Gender : Male ( ) Female ( )
3. Date of Birth:…… Place of Birth: ……
4. Secondary School:……..State:……..
5. Type of Certificate:…….……..Section Art ( ) Science ( )
6. Percentage % obtained ……Year of Certificate:……..
7. University……CGPA……
8. College / Major / Course of Choice:
   a. ……
   b. ……
   c. ……
9. Region
   a. State of Origin:…… b. County……...
   b. Payam:……...d. Boma:……
10. Guardian's Name:……..
11. Guardian Contact:……..
12. Applicant Contact:……
13. Undertaken by the Parent/Guardian
    a. I……..…….the father/guardian of the applicant ……will hereby take sole responsibility of the student.

Office Use Only

a. Recommended: Yes ( ) No ( )
b. Reason/s:……
……
……
c. Names of Committee Sign
   1. …… ……
   2. …… ……