



UNIVERSITY OF GWADAR
OFFICE OF THE FINANCIAL AID & SCHOLARSHIP

CHINESE AMBASSADOR SPECIAL SCHOLARSHIP APPLICATION FORM

INSTRUCTIONS / GUIDELINES

- 1) This form is available **FREE OF CHARGE** to all University of Gwadar Applicants.
- 2) The information provided in this form is intended to help Financial Aid Scholarship Committee in administering the scholarship fund.
- 3) The form will enable the Scholarships committee to understand the applicant's academic and financial position for the purpose of assessment for the scholarship award.
- 4) This application form must be filled accurately and completely in **CAPITAL LETTERS**
- 5) On being called for an interview, the applicant must present the originals of all documents requested.
- 6) All incomplete or inaccurately filled forms will be automatically rejected.
- 7) Canvassing will lead to automatic disqualification.
- 8) The completion and submission of this form are not a guarantee for sponsorship.
- 9) Any false statements, omissions, or forged documents submitted will lead to automatic disqualification.
- 10) The application form will be filled out and submitted to the office of the concerned department's clerk.
- 11) Every part of this form must be filled in full. Failure to do so makes this application form incomplete and therefore reduces the applicant's chances of qualifying for the scholarship.

PART A: APPLICANT'S PERSONAL DATA

FULL NAME	SURNAME:	FIRST NAME	MIDDLE NAME
GENDER	MALE:	FEMALE:	OTHER:
Do you suffer from any physical impairment (disability) or any chronic illness? If yes, kindly describe and provide evidence:			YES NO
DATE OF BIRTH	DAY	MONTH	YEAR
ID NUMBER	COURSE REG. NO.		
COURSE			
DEPARTMENT			
FACULTY			
CGPA/GRADE/PER			
COUNTY			
CELL-PHONE			
EMAIL			

PART B: APPLICANT'S FAMILY INFORMATION

FATHER'S NAME	SURNAME:	FIRST NAME	MIDDLE NAME
IS THE FATHER STILL ALIVE?		YES NO	IF YES, ID NO.
DATE OF BIRTH	DAY	MONTH	YEAR
FATHER'S OCCUPATION			
APPROXIMATE INCOME			
CELL-PHONE			
EMAIL			

MOTHER'S NAME	SURNAME:	FIRST NAME	MIDDLE NAME
IS THE MOTHER STILL ALIVE?		YES NO	IF YES, ID NO.
DATE OF BIRTH	DAY	MONTH	YEAR
MOTHER'S OCCUPATION			
APPROXIMATE INCOME			
CELL-PHONE			
EMAIL			

APPLICANT’S SIBLING (BROTHERS / SISTERS)

	NAME OF THE SIBLING & AGE	SCHOOL / EMPLOYER	CLASS/ POSITION IN EMPLOYMENT	FEEES PAID / IN-COME PER YEAR
1.				
2.				
3.				
4.				
5.				

GUARDIAN INFORMATION (If not living with your parents)

GUARDIAN’S NAME	SURNAME:	FIRST NAME	MIDDLE NAME
DATE OF BIRTH	DAY	MONTH	YEAR
GUARDIAN’S OCCUPATION			
APPROXIMATE INCOME			
CELL-PHONE			
EMAIL			
ID NO.			

PART F: APPLICANT’S DECLARATION

I, _____ declare that the information given above is true to the best of my knowledge and I am aware that giving false representation will mean that my application will not be considered and will lead to automatic disqualification.

Signature: _____ **Date:** _____