

Medical Student Application Form

Section 1

Name	
Date Of Birth	
National ID number	
Address	
Telephone number	
Email address	
Score	
Medical College Name	
Full Name of course	
Year of entry to college	
Duration of Course	
Current Year	
Years remaining	
Term start date	
Admission fee (one off)	
Tuition fees per year	
Number of years fees committed for	
Hostel costs per year	
Books per year	
Total commitment from MAP	

Section 2

Parental Details

Father / guardian Name	
National ID Number	
Address if different from above	
Contact number of parent / guardian	
Occupation	
Annual Household Income	
Siblings under 18	
Siblings over 18 years working	

Section 3

Principal Authorisation

I hereby confirm that the above named student xxxxxxxxxx is a registered student at this college	
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I also confirm the following:

No other scholarship is being received	
Is unable to pay college fees	
Amount of award should be	
Number of years to be sponsored	

University Bank Details

Full Beneficiary Name	
Full Beneficiary address	
Beneficiary Bank Identifier Code (BIC)	
Beneficiary IBAN number/account number	

Signed and dated by Principal _____

Section 4

Supporting Documentation	
Payslip proof / Letter	
Copy of ID Number	
ID card student	
ID card parent / guardian	
Bank statement	
Proof of address	
Visit by a contact of Trustee or Exec Member to validate above	
Commitment by Student to support an NGO for at least 6 months post qualification	

Section 5 MAP Process

Paperwork reviewed	
Confirmation of visit to meet candidate	
Amount agreed to be sponsored	
Years agreed	