



SCHOLARSHIP APPLICATION FORM

Fill in your details in **BLOCK CAPITALS** only.

FILE No.:	DATE:
FIRST NAME:	LAST NAME:
DATE OF BIRTH:	GENDER: MALE FEMALE
EMAIL:	PHONE No.:
PASSPORT No.:	EXPIRY DATE:
PATH: HOTEL MANAGEMENT & C	ATERING SUPERVISION OPEN DOORS
TERM: A B	YEAR:
	uld provide the Head Registrar with the Progress Report of the last two upporting documents. All academic scholarships can be used for bined with other tuition fee offers.
FOR OFFICIAL USE ONLY	
APPROVED BY THE PRINCIPAL OF THE SC	HOOL YES NO
SIGNATURE	DATE

APPROVED BY THE REGISTRAR YE	ES NO
SIGNATURE	 DATE
COMMENTS:	