**SCHOLARSHIP APPLICATION FORM**

**MSC SCHOLARSHIPS UNDER CLIMATE RESEARCH AND EDUCATION TO ADVANCING GREEN DEVELOPMENT IN AFRICA (CREATE-GREENAFRICA) PROJECT CO-FUNDED BY THE EUROPEAN UNION**

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| **About this Form**  This form is for application for CREATE-GreenAfrica Project scholarships  Download the form, complete it and sent it (together with other required documents) as attachment as instructed in the call for scholarship application. Deadline for submission of application is Mid-night of 25th May 2025, East African time (EAT). The application for scholarship should be sent to the project coordinating office  email: [create-greenafrica@udsm.ac.tz](mailto:create-greenafrica@udsm.ac.tz).  **NOTE:**  **TG1**: These are students from the institutions of the hosting institutions i.e. the University of Dar es Salaam, Mekelle University, University of the Free State, University of Port Harcourt, University of Ghana and Zimbabwe Open University.  **TG2:** These are students expected to come from other universities outside the hosting institutions and from the following countries; from sub-Saharan Africa non-partner university country such as Democratic Republic Congo, Eritrea, Kenya, Somalia, Sudan, Guinea, Benin, Senegal, Chad, Burkina Faso, Zambia, Botswana, and Mozambique.  **Please check the relevant boxes below to confirm that you fully understand the application procedure** | | | | | | | | | | | | | | | | | | | | | | | |
| I have read and understood the application procedures as described in the call for scholarship application | | | | | | | | | | | | | | |  | | | | | | | | |
| **Target Group (Click the appropriate box)** | | | | | | | | | **TG1** | | | | | | **TG2** | | | | | | | | |
| **Personal Information (Click the appropriate box)** | | | | | | | | | | | | | | | | | | | | | | | |
| \*Title  Mr  Mrs  Miss | | | | | \*Names (First Middle Family names): | | | | | | | | | | | | | | | | | | |
| Marital status  Married  Single | | | | | Do you have any special health conditions/disability?  Yes  No | | | | | | | | | | | | | | | | | | |
| If yes, please state any Special health conditions/disability: | | | | | | | | | | | | | | | | | | |
| \*Date of Birth (Click or tap below to enter date) | | | | | \*Gender **(Click the appropriate box)** | | | | | | | | | | | | \*Spoken Language | | | | | | |
| Click or tap to enter a date. | | | | | Male | | | | | | | Female | | | | |  | | | | | | |
| \*Country of Birth: | | | | | \*Country of Residence: | | | | | | \*Nationality: | | | | | | | City of Residence | | | | | |
| **Applicant Contact Details** | | | | | | | | | | | | | | | | | | | | | | | |
| \*Email: | | | | | | | | | | | | | | | | | | | | | | | |
| \*Alternative Email: | | | | | | | | | | | | | | | | | | | | | | | |
| Postal Address: | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone (Mobile): | | | | | | | | | | Alternative Phone | | | | | | | | | | | | | |
| **Universities attended first degree** | | | | | | | | | | | | | | | | | | | | | | | |
| Name of university: | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | \*City | | | | | | | | | | \*Zip/Postal code: | | | | | | | | | |
| From Month/Year | | | | Fulltime  Parttime | | | | | | | | | |  | | | | | | | | | |
| To Month/Year | | | | Date of award: | | | | | | | | | | GPA: | | | | | | | | | |
| Qualifications: | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of Study Applied for (Tick the appropriate box)** | | | | | | | | | | | | | | | | | | | | | | | |
| **Select up to three preferences of hosting universities by clicking the list and click the arrow to the right to select your 1st, 2nd and 3rd choices. For TG 1 applicants, you should select universities outside your home country.**   1. Choose an item. 2. Choose an item. 3. Choose an item. | | | | | | | | | | | | | | | | | | | | | | | |
| **Make up to three choices of degree programmes from three different hosting universities you selected above** | | | | | | | | | | | | | | | | | | | | | | | |
| **Degree programme** | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | | | | |
| **For more information on participating Higher Education Institutions (HEIs) and academic programmes,**  **visit: create-greenafrica.udsm.ac.tz** | | | | | | | | | | | | | | | | | | | | | | | |
| Have you benefitted from any INTRA ACP Mobility funding program? Yes  No | | | | | | | | | | | | | | | | | | | | | | | |
| If Yes, please indicate the Name of Mobility; where obtained and when? | | | | | | | | | | | | | | | | | | | | | | | |
| **Motivation Statement (Please motivate your suitability for receiving this scholarship). Max. 250 Words.)** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Employment (Most recent three)** | | | | | | | | | | | | | | | | | | | | | | | |
| From Month/Year | | To Month/Year | | | | Position held and Place of Work | | | | | | | | | | Name and Address of Employer | | | | | | | |
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| **Next of Kin Contact Details** | | | | | | | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | | | | | | | | | | | | |
| Telephone number |  | | | | | | | | | | | | | | | | | | | | | | |
| Email |  | | | | | | | | | | | | | | | | | | | | | | |
| Postal Address |  | | | | | | | | | | | | | | | | | | | | | | |
| Country |  | | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | | | | | | | | | | | | | | | |
| **Required Supporting Documentation**  *1. Full Academic Testimonials, (certified by a qualified body eg Commission for University Education))*  *2. Copy of Passport Data page or National ID,*  *3. Letter of Recommendation from the university you graduated your first degree.*  *4. Curriculum Vitae (CV)* | | | | | | | | | | | | | | | | | | | | | | | |
| **Checklist** (***To enable assessment of your application, ensure that you have completed the application form and attached relevant documents)*** (Click the boxes) | | | | | | | | | | | | | | | | | | | | | | | |
| **I confirm that I don’t have a running scholarship at the time of application** | | | | | | | | | | | | | | | | | | | | | |  | |
| **I confirm that I have attached the supporting documents along with my completed application form** | | | | | | | | | | | | | | | | | | | | | |  | |
| **I acknowledge that I have to apply independently for admission to the programme of my choice. (Application forms for admission can be accessed at the hosting institution website. For more information about admission refer to contact persons for the respective host HEI)** | | | | | | | | | | | | | | | | | | | | | |  | |
| **Further Information** | | | | | | | | | | | | | | | | | | | | | | | |
| *This information is to help the University to plan support services for students; it will not be used for the purposes of selection.* | | | | | | | | | | | | | | | | | | | | | | | |
| Have you any additional requirements that might affect your study? (Click the appropriate box) ***If so, please enclose a separate letter giving details*** | | | | | | | | | | | | | | | | | | | Yes |  | No | |  |
| **Referees**  Name two people whom the University can consult in confidence about your application. At least one should be a tutor or other member of the academic staff of the university or college at which you studied. If your referees know you by another name, please state it here and indicate whether it should be quoted when referees are approached. | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Name** | | |  | | | | | **2. Name** | | | | |  | | | | | | | | | | |
| **Address** | | |  | | | | | **Address** | | | | |  | | | | | | | | | | |
| **Telephone** | | |  | | | | | **Telephone** | | | | |  | | | | | | | | | | |
| **Fax** | | |  | | | | | **Fax** | | | | |  | | | | | | | | | | |
| **Email** | | |  | | | | | **Email** | | | | |  | | | | | | | | | | |
| **Position held** | | |  | | | | | **Position held** | | | | |  | | | | | | | | | | |
| **Declaration** | | | | | | | | | | | | | | | | | | | | | | | |
| **By submitting this application, I declare that the information provided in this application and the supporting documentation is true and complete. I understand that the CREATE-GreenAfrica Project reserves the right to withdraw or cancel any offer made on the basis of information that proves to be untrue or misleading. I accept that the information I provide on this form and during my enrolment can be provided, in certain circumstances, to the European Commission (Intra-Africa Mobility Scheme) and designated authorities, including publishing it on the project website. I understand that CREATE-GreenAfrica Secretariat will keep all my personal information confidential unless otherwise.** | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature:** | | | | | | | **Date (DD/MM/YYYY):** | | | | | | | | | | | | | | | | |