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SCHOLARSHIP APPLICATION FORM FOR ACADEMIC & PROFESSIONAL COURSES

INSTRUCTION

This form should be completed and submitted to the Zambia Centre for Accountancy Studies (ZCAS). P.O. Box 35243, Lusaka, together with copies of certificates, transcripts of results and other documents relevant to your application

Programme Name;**No. of papers**.....

- | | | |
|---|---|---|
| <input type="radio"/> ACCA | <input type="radio"/> MSc-ISM | <input type="radio"/> BA- Business Studies (Marketing) |
| <input type="radio"/> CIMA | <input type="radio"/> BA(Hons) PSCM | <input type="radio"/> Bachelor of Accountancy |
| <input type="radio"/> CIM | <input type="radio"/> BA(Hons)Marketing | <input type="radio"/> Bachelor of Business Entrepreneurship |
| <input type="radio"/> NCC | <input type="radio"/> LLB – Commercial | <input type="radio"/> Bachelor of Acc & Finance |
| <input type="radio"/> ABE | <input type="radio"/> MA/MBA | <input type="radio"/> Bachelor of Business Administration |
| <input type="radio"/> CIPS | <input type="radio"/> Bachelor Acc with Education | <input type="radio"/> Bachelor of Economics & Finance |
| <input type="radio"/> Banking and Finance | <input type="radio"/> BA Financial Services | |
| <input type="radio"/> Foundation in Accountancy | <input type="radio"/> BSc of Computing with Edu | |
| <input type="radio"/> ZIM | <input type="radio"/> BA-Business Studies (HRM) | |
| <input type="radio"/> ZICA | <input type="radio"/> BA-Business Studies (Finance) | |
| <input type="radio"/> BBAA | | |
| <input type="radio"/> CISCO | | |
| <input type="radio"/> BSc Computing | | |
| <input type="radio"/> BA-Business Studies | | |

Mode of Study:

- Full Time**
- Part Time**
- Distance/Block Release**

SECTION A

PERSONAL DATA

- 1. **Surname (Mr./Ms/Miss)**
- 2. **First Name/Middle Names**
- 3. **Postal Address**.....
- 4. **E-mail address**.....
- 5. **Phone Number (Business)**..... **Fax**..... **Tel: No**.....
- 6. **Nationality**.....**Sex: Male/Female**.....
- 7. **N R C /Passport No.**.....
- 8. **Place of Birth**.....**Date of Birth**.....
- 9. **Name and address of Parent, Guardian or Next of Kin**.....

SECTION B

10. EDUCATION

ACADEMIC OR PROFESSIONAL QUALIFICATIONS

List your qualifications starting with the latest

Institution	Qualification	Year Obtained

SECTION C

11. Supporting statement

Give a brief statement explaining why you have chosen to apply the programme.

12. EMPLOYMENT (List under the following headings starting with the current):

From	To	Position	Company

13. SPONSOR'S DETAILS

Name of Sponsor(s).....

Postal Address:.....

Phone Number:.....

Email Address.....

14. How did you find out about ZCAS?

- Radio
- Career Service/Fair
- Friend/Relative
- Employer
- Television
- ZCAS promotion
- ZCAS adverts
- Internet(Website)

15. DECLARATION(S) TO BE SIGNED BY THE APPLICANT

I understand that my eligibility will be based solely on official documents about my qualifications that I have sent to ZCAS.

I understand that all applicable fees will be charged at the current rate. I understand that, if admitted as a student I must pay tuitions and other fees to the ZCAS.

I declare that the information I have given on this form is correct.

I understand that any false or misleading statement in this form could lead to disciplinary action being taken against me and/or may invalidate any decision reached on this application.

I promise to work hard in any of my class assignment.

Signature of Applicant **Date**.....

16. OFFICE USE ONLY