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SCHOLARSHIP APPLICATION FORM FOR POSTGRADUATE ACADEMIC PROGRAMMES

INSTRUCTIONS

This form should be completed and submitted to the ZCAS University, Stand No 5309 Dedan Kimathi Road, P.O. Box 35243, Lusaka, Zambia together with copies of certificates, transcripts of results and other documents relevant to your application stated.

SELECT THE MODE OF STUDY (Please Tick as appropriate)

FULL TIME PART TIME/EVENING DISTANCE EDUCATION

MASTER PROGRAMMES	Please Tick		
	FT	PT	DE
Executive MBA – ZCAS University			
Master of Laws in Corporate and Commercial Law – ZCAS University			
Master of Laws in Taxation and Investment Law – ZCAS University			
Master of Science in Project Management - University of Zambia			
Master of Science in Economics and Finance – ZCAS University			
Master of Science in Financial Services – ZCAS University			
Master of Science in Information Technology – ZCAS University			
Master of Science/ Postgraduate Certificate, Information Systems Management – University of Greenwich			
MBA – Finance – ZCAS University			
MBA – Procurement and Logistics – ZCAS University			
MBA – ZCAS University			
MBA/MA International Business – University of Greenwich			
MBA/MA Logistics Management – University of Greenwich			
DOCTORAL DEGREE PROGRAMMES			

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