**ZIPMGG SCHOLARSHIP APPLICATION FORM**

 **FOR COLLEGE AND UNIVERSITY STUDENTS**

**☐ SUPPORTING DOCUMENTS TO THE APPLICATION**

ㅇ Copies of All academic and professional Certificates so far acquired

ㅇ Copy of Admission/ letter from a credible College or University

ㅇ 2 Passport Sized Photo

ㅇ Copy of National Identity-NRC/Passport (Oversees students to attach copy of study permit)

ㅇ Study plan (for Masters/PhD Program applicants only)

ㅇ 2 recommendation letters (for Masters/PhD Program applicants only)

**☐ PROCEDURE**

Submit applications to :

* Ensure that all supporting documents are properly organized and dully signed
* Check that all documents are attached / fastened securely
* Send the application form together with all attachements in a sealed envelope cleared labeled :

**The Education Manager**

**Department of Educational Research**

**Zambian Institute of Project Management and Good Governance**

**Plot No.159, Luwembu Road, New Chilenje.**

**LUSAKA, ZAMBIA.**

Or scan and email to:

Email: getscholarship@zipmgg.ngonidzaishe.com

Tel: +260 966 960 146; +260 973 181 977

**Personal Details**

*To be written by individual applicant*

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | (first name) (other name) (surname) |  Male Female  Single Married |  |
| Date of Birth | (dd/mm/yyyy)  |
| Nationality  |  |  |
| Present Residence | Address: ………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………… |  |
| Tel.: E-mail: |
|  |
| University/College Information | Name of the University/College |  |
| Name of the School |  |
| Name of Department |  |
| Level of Study |  Diploma. Bachelor. PGDip. Master. PhD. |
| Academic Major |  |
| Student Identification Number/ Computer Number |  |
|  |
|  Signed ………………………………………………………………… ……………………………………………… (Applicant’s name) (signature) |
| **OFFICIAL USE ONLY** |
| **APPLICATION** **GRANTED/NOT GRANTED** | Amount | ( ZMK/Year) |
|  University |  |
| Education Manager: ……………………………………… …………………………………………… (signature) (date) |

**1. (Personal Background & Record)**

**1) (Academic Background)**

|  |  |  |  |
| --- | --- | --- | --- |
|  Period(From) (To) | Name of School/University | Academic Major | Certificate, Diploma or Degree |
|  | ……………………………………………………………… | …………………………………………………… | …………………………………………………………………… |
|  | ……………………………………………………………… | …………………………………………………… | …………………………………………………………………… |
|  | ……………………………………………………………… | …………………………………………………… | …………………………………………………………………… |
|  | ……………………………………………………………… | …………………………………………………… | …………………………………………………………………… |

 Important: Please list in chronological order starting from secondary school education

**Work & Research Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| Period | Institution or Company | Position | Operation or Duty |
| . |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 Important: Please list in chronological order starting with your first experience

**Family Background**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship | Name | Date of Birth | Occupation | Address |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Personal Statement**

**(On this page write about your course of life, growth process, home and social environment, your review of life, study background, your hope & wish, goals of study etc.)**

 **Study Background (for Masters Program/PhD Applicants only**

|  |  |
| --- | --- |
| Knowledge ofMajor Field | * *your knowledge, education and work experience, etc in relation to major field*
 |
|  |  |
|  |
| Key Achievements | * *important books, thesis, report, patent, R&D achievement, prize-winning & scholarship record, etc*
 |
|  |  |
|  |

# Declaration

I………………………………………………………………………….., do declare that the statement and documents I have submitted about myself as a ZIPMGG Scholarship Applicant is truth and nothing but the truth. I also promise to abide by all conditions and regulations set by ZIPMGG under the Scholarship Section’ to do my utmost to fulfill my obligations as a student during my period of study under scholarship.

That I shall accept ant ditkat or penalty issued forth by ZIPMGG, even though there may be included suspension, revocation or withdrawal of the scholarship, if and when Iam proved to have made a false statement in my application documents.

Signed on this……………………day of……………………………………………………………....

 (dd) (mm) (yyyy)

………………………………………………………………………………………………………………..

 (Applicant’s name) (Signature)

# Letter of Recommendation (for Masters/PhD Program Applicants only) Confidential

**To the applicant**: Please fill in your name and other information below. Deliver or mail this to the person who will write this letter. Ask your recommender to seal this in an envelope and sign across the back after it has been written. Recommendation that are not sealed and signed will not be accepted.

1. Name of Applicant: ……………………………………………………………….

1. Nationality : \_\_\_\_\_\_\_\_
2. Desired Degree Program (e.g. MBA, MSc, PhD, etc)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the recommender**: The person named above has applied for scholarship at our institution.. We ask your assistance, and would appreciate your frank and candid appraisal of the applicant.

1. How long have you known the applicant and in what relationship?
2. What do you consider to be the applicant’s strengths?
3. What do you consider to be the applicant’s weaknesses?
4. How well do you think the applicant has thought out plans for graduate study?
5. Do you know of any medical or emotional condition that might affect the applicant’s performance at the University? If so, please explain.
6. Please give us your appraisal of the applicant in terms of the qualities listed below. Rate the applicant in comparison with others by marking on the table.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | ExtremelyOutstanding | Superior | Excellent | Good | Average | Poor | N/A |
| Academic Achievements |  |  |  |  |  |  |  |
| Intellectual Skills |  |  |  |  |  |  |  |
| Research andCreative Abilities |  |  |  |  |  |  |  |
| Interests andMotivations |  |  |  |  |  |  |  |
| Relevant Work Experience |  |  |  |  |  |  |  |
| Ability to Workwith Others |  |  |  |  |  |  |  |
| Potential for Successin Graduate School |  |  |  |  |  |  |  |

General Comment:

Recommender’s Signature

Recommender’s Name Date

Position or Title:

School or Firm:

Address:

Tel: Email:

**Please return this form sealed in an envelope and signed across the back to the applicant. We greatly appreciate your time on this letter for your recommendee.**