**JOSHUA FULLARD RESEARCH SCHOLARSHIP 2023**

**(Master’s Studies only – Health Sciences)**

Closing date: 30 June 2023

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| INSTRUCTIONS AND CONDITIONS FOR COMPLETING THIS FORM |
| 1. The form must be completed in full. Please note that forms that are incomplete or incorrectly completed will not be processed. 2. In order to qualify for the scholarship, a student must have:    * 1. Obtained a weighted average mark of **70% for Honours**;      2. Completed his/her previous degree at Nelson Mandela University. 3. The scholarship will be awarded on academic merit to a **Full Research Master’s** student in the Health Sciences Faculty, during their **first** year of Masters’ registration. 4. This scholarship is for RESEARCH MASTER’S STUDIESonly (full-time on campus student only). 5. This application form will only be processed if accompanied by:    * 1. Full academic record      2. Proof of registration      3. Acceptable research proposal      4. Motivation 6. The applicant must submit the form to the Head of Department in which the proposed Masters’ studies will be undertaken for the completion of the last section. 7. **CLOSING DATE:**   The closing date for submission of application forms is: **30 June 2023**.  *Late applications will unfortunately not be considered.*  **EMAIL THE COMPLETED APPLICATION TO:**  Ms Malangeni ([Silindile.malangeni@mandela.ac.za](mailto:Silindile.malangeni@mandela.ac.za)) |

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| **FOR RCD USE:** | **N** | **S** | **P** |  | **R** |  | **M** |  | **DB** |  |
| **Letter** |  |
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| **PERSONAL PARTICULARS OF APPLICANT** | |
| Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Student No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| First names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Tel Number/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you a foreign student? Yes\* No\* | Nationality\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| African\* Indian\* Coloured\* White\* Other\* (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \*(This information is required for statistical & equity purposes) | |
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| **PROPOSED STUDY (please attach a full academic record)** | | | | | |
| Degree for which you will register: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Qualification code: \_\_\_\_\_\_\_\_\_ | |
| Proposed supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Full-time | Part-time |
| Department / School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Year of first registration for the above degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| When will your proposed study commence? | 1st Semester 2022 | | 2nd Semester 2022 | | |
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| **DECLARATION** |  | **ATTACHMENTS** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby declare that the information stated in this application is true and correct to the best of my knowledge and belief. I have submitted this information knowing that, if I wilfully stated in it anything which I know to be false or which I do not believe to be true, I may be declared ineligible for this scholarship and/or any sums already paid or granted to me may be withdrawn. *I further undertake to inform the Research Development Department of any change in my circumstances.*  Date: \_\_\_\_\_\_\_\_\_\_\_\_ Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **Please ensure that you have attached:**  Full academic record  Proof of registration  Research proposal  Motivation letter  INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. |

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| **COMMENTS BY HEAD OF DEPARTMENT** | | | | | | | |
| Do you support the admission of this candidate to the proposed studies in your department? | | | | | | Yes | No |
| If so, indicate briefly how you rate the candidate’s postgraduate potential: | | | | | | | |
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| **Name** of HoD: |  | |  | |  | | |
| ***Signature*** of HoD: |  | | | Date: |  | | |
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