



APPLICATION FORM
FOR FINANCIAL ASSISTANCE (ACADEMIC STUDIES)
Educational Assistance Department, The Zayed Foundation
(Permanent Programs Section – Scholarships)

Personal Information

Name: _____

Sex: _____ Date and Place of Birth: _____ Marital Status: _____

Nationality: _____ Passport No: _____ Issue Date: _____ Expiry Date: _____

Father's Name: _____ Profession: _____

Mother's Name: _____ Profession: _____

Number of Brothers and Sisters (Under 18 years of age): _____

Permanent Address: _____

Previous Educational History

Intermediate:

Name and Address of the School: _____

Number of Scholastic years: _____ Result and Percentage Scored: _____

Secondary:

Name and Address of the School: _____

Section: _____

Number of Scholastic years: _____ Result and Percentage Scored: _____

Information of Education on Assistance Sought:

Name of the University: _____

Address: _____

Type of Study: _____ Duration: _____

Tuition & Medical Insurance Fees Per Annum: _____ Received any other Scholarship or Financial Assistance:[YES] [NO]

If YES, Please provide the details: _____

Application Date: _____

Signature: _____

For Official Use

Required Documents for processing the application:

1. Study Transcript; 2. Certified Passport Copy; 3. Certified Copy of School and other academic qualifications; 4. Certificate of Immunity from infectious Diseases; 5. University Certificate attesting level of Study, 6. Three recent passport size photographs, 7. Request letter to the Foundation.