ALL AFRICA CONFERENCE OF CHURCHES

MASTER OF THEOLOGY IN ECUMENICAL LEADERSHIP SCHOLARSHIP APPLICATION FORM

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Applicants Photograph

SECTION A. PERSONAL DETAILS

i. Surname:		ii. Other names:	
		THE STATE AND STATE OF THE STAT	
iii. Date of Birth:	iv. Age:	v. Place of Birth	
vi. Country of Citizenship:		vii. Gender:	
viii. Nationality:		ix. ID Number/ Passport number:	
x. Address for Correspondence (address,	, code & town):		
xi. Residential Address (if different from	above):		
xii. Mobile No:		xiii. Your email:	
xiv. Name of next of kin		xv. Relationship to next of kin:	
xvi. Tel no of the next of kin:		xvii. Email Address of the next of kin:	

SECTION B. JUSTIFICATION FOR A SCHOLARSHIP

A. Wł	nat kind of scholarship applied for (Tick	Appropriately):
Part	ial ()	Full ()
	e reasons that demonstrate you genui ease attach more information or your st	nely require financial assistance from AACC. ory in a separate sheet)
В.		
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II . .		
III.		
C. Inc	dicate your current occupation and pos	ition in church or organization
•••		
D. Inc	dicate your contribution (in USD) to the	programme other than air-ticket
•••		
•	ete that your own contribution or of you cisions on the award of the scholarship)	r church/organization to the programme will
Declaration		
	e made will be fulfilled before admission	eclare that, the information given is true and on to the programme.
Applicant	s Signature:	Date: