

## APPLICATION FORM

**General Instructions:**

- Please type in your answers, or use CAPITAL letters if you are writing by hand.
- All Academic Accompaniment Programme (AAP) applications must be made through the office of the Church's General Secretary with a written endorsement by either the General Secretary or a Church Officer on her/his behalf. Please ensure that Section B- Church Endorsement is duly completed.
- **IMPORTANT:** Additional documents must be submitted along with the accomplished Application Form. Please refer to Part D- Checklist Form for information.

### PART A

Section 1 - Personal Details							
Surname				First Name			
Full Name as Stated on the Passport							
Date of Birth (dd/mm/yyyy)	___/___/___	Age			Gender		
Passport Number			Passport Issue Date			Passport Expiry Date	
Nationality					Proficient in English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Language	Mother Tongue			Other Language/s Ability			
Full address							
Mailing address							
Street address (for courier deliveries):							
Daytime Phone No.							
Mobile Phone No.							
E-mail address							

## Family Information

### Spouse's Details

<b>Surname:</b>		<b>First Name:</b>	
<b>Full name exactly as on your passport</b>			
<b>Date of Birth (dd/mm/yyyy)</b>	___/___/___	<b>Age</b>	
			<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Passport Number</b>		<b>Passport Issue Date</b>	
			<b>Passport Expiry Date</b>
<b>Nationality</b>			<b>Proficient in English?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Will your spouse accompany you?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: CWM AAP does not normally cover cost of living for dependents.</i>		

### Children's Details (Please attach separate sheet, if necessary.)

<b>Surname</b>		<b>First Name</b>	
<b>Full name as stated on the passport</b>			
<b>Date of Birth (dd/mm/yyyy)</b>	___/___/___	<b>Age</b>	
			<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Passport Number</b>		<b>Passport Issue Date</b>	
			<b>Passport Expiry Date</b>
<b>Nationality</b>			<b>Proficient in English?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Will this child accompany you?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: CWM AAP does not normally cover cost of living for dependents.</i>		
<b>Surname</b>		<b>First Name</b>	
<b>Full name as stated on the passport</b>			
<b>Date of Birth (dd/mm/yyyy)</b>	___/___/___	<b>Age</b>	
			<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Passport Number</b>		<b>Passport Issue Date</b>	
			<b>Passport Expiry Date</b>
<b>Nationality</b>			<b>Proficient in English?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Will this child accompany you?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: CWM AAP does not normally cover cost of living for dependents.</i>		



## Previous Scholarships

Please list previous scholarship grants received, starting from the most recent

Qualification	Name of Institution	Country	Start Date	Completion Date	Scholarship

## Certifications and Licensure/ Other Qualifications

Please list your professional certification and licensure (i.e. Licensed Physician, Registered Social Worker, etc.)

Qualification	Name of Institution	Country	Date

## Publications

Please include relevant academic, professional articles, chapters or books that you have co-authored or authored.

Title of Publication/ Article/Journal	Publisher	Place of Publication	Date and Year of Publication

Attach additional sheet if needed

**Section 4 Work Experience**

**Current Employment**

Period of Employment	Employer	Description of Duties

Will you be returning to this position after scholarship studies?  Yes  No

If No, what type of employment do you hope to gain upon returning home? \_\_\_\_\_

\_\_\_\_\_

**Past Employment**

Please list from most recent employment. Continue on a separate sheet if necessary.

Period of Employment	Employer	Description of Duties

**Section 5 Proposed Course of Study**

Option 1

<b>Institution</b>			
<b>Type of Study Course:</b>	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Masters (Coursework) <input type="checkbox"/> Masters (Research) <input type="checkbox"/> Masters (Coursework & Research) <input type="checkbox"/> Doctorate (Coursework) <input type="checkbox"/> Doctorate (Research) <input type="checkbox"/> Doctorate (Coursework&Research)		
<b>Mode of Learning</b>	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Distance-learning		
<b>Course Title</b>			
<b>Field of Study</b>			
<b>Total number of semesters of course</b>		<b>Minimum English Language proficiency requirement</b>	

## Option 2

<b>Institution</b>			
<b>Type of Study Course:</b>	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Masters (Coursework) <input type="checkbox"/> Masters (Research) <input type="checkbox"/> Masters (Coursework & Research) <input type="checkbox"/> Doctorate (Coursework) <input type="checkbox"/> Doctorate (Research) <input type="checkbox"/> Doctorate (Coursework&Research)		
<b>Mode of Learning</b>	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Distance-learning		
<b>Course Title</b>			
<b>Field of Study</b>			
<b>Total number of semesters of course</b>		<b>Minimum English Language proficiency requirement</b>	

Please explain why you chose this/these institution(s) for your course.

*Continue on a separate sheet, if necessary.*

## Other Scholarship Applications

*Please indicate if you have applied to other scholarship programmes.*

Course	Name of Institution	Country	Scholarship	Status
				<input type="checkbox"/> Approved <input type="checkbox"/> Conditional <input type="checkbox"/> Awaiting Reply
				Approved <input type="checkbox"/> Conditional <input type="checkbox"/> Awaiting Reply

**IMPORTANT: For Doctorate applicants, please complete this section and submit the thesis proposal .**

<b>Doctorate Thesis Proposal Topic</b>	
<b>Name and Designation of Doctorate Adviser</b>	

**Section 6 - Reintegration and Action Plan**

*This part aims to assess how you plan on using the knowledge, skills and experiences to be gained from the CWM AAP and how this is aligned to your church's over-all mission, goals and objectives. You are strongly advised to consult with your General Secretary/Church Moderator in completing this part.*

Over-all Objective				
Specific Objectives	Tasks	Success Criteria/ Indicators	Time Frame	Resources Needed
<i>Continue on a separate sheet, if necessary.</i>				

**Describe the relevance of your study in the church's mission? Why you want to study this particular course?**

*Continue on a separate sheet, if necessary*

**How is your course relevant to the priority areas of your church?**

*Continue on a separate sheet, if necessary*



## Section 7 – Budget Proposal

*Instructions:*

- o Please provide a detailed breakdown of the overall budget, specifying items and costs as shown below.*
- o Please submit copy of the official letter from the institution detailing the costs OR justify the proposed figures, if said document is not available.*
- o Please provide detailed list and description for No. 7-Other Expenses*
- o CWM AAP does not normally cover cost of living for family. This may be supported by the Sending Church or other support partners.*

No.	Expense item	Academic Year				Total	Source of Fund			Total (Application currency)	Estimate (GBP est)
		Currency: _____ Exchange Rate: _____	Year 1	Year 2	Year 3		Year 4	CWM Funds	Sending Church		
<b>1</b>	<b>Tuition fees</b>										
<b>2</b>	<b>Miscellaneous Fees</b>										
<b>3</b>	<b>Book Allowance</b>										
<b>4</b>	<b>Air Travel</b>										
4.1	<i>Student</i>										
4.2	<i>Spouse and Children</i>					-----					
<b>5</b>	<b>Accommodation</b>										
5.1	<i>Student</i>										
5.2	<i>Spouse and Children</i>					-----					
<b>6</b>	<b>Meal Allowance</b>										
6.1	<i>Student</i>										
6.2	<i>Spouse and Children</i>					-----					
<b>7</b>	<b>Other Expenses / contingency</b>										
<b>Sub-Total</b>											
<b>GRAND TOTAL</b>											

## Section 8 - Declaration

I certify that all the information I have provided are true and complete to the best of my knowledge and belief.

**Signed:**

**Date**

*CWM will hold your details on file in order to process your application. We may wish in the future to send you further information about CWM or seek your views about its work. However if you do not want us to contact you again, please tick this box .*

## PART B

### Church Endorsement

*(to be completed by General Secretary/Church Moderator)*

*The Academic Accompaniment Programme is designed to support the capacity development in the church by equipping the body of Christ to carry out God's mission. The Church must make this application in accordance to the church's mission priorities and capacity development plan. The individual on whose behalf the church is making this application must be identified in direct response to the capacity needs of the church, with a commitment to return and serve in the church.*

*How does this application fit your church's mission priorities and long-term capacity development plan?*

*Continue on a separate sheet, if necessary*

**Is the applicant's Reintegration and Action Plan (see Section 7) consistent with the Church's plans? If yes, how will the candidate be used in the Church upon completion of the scholarship? If not, how will the applicant serve the Church upon return?**

*Continue on a separate sheet if necessary*

**How is s/he chosen? Please discuss briefly the selection process undertaken.**

*Continue on a separate sheet if necessary*

**How will the church support the candidate and/or the candidate's family during the study period?**

*Continue on a separate sheet if necessary*

**Other Remarks/ Additional Information**

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**Signature of General Secretary/Church Moderator**

<b>Name</b>	
<b>Designation</b>	
<b>Denominational Church:</b>	
<b>Full Address</b>	
<b>Telephone No.</b>	
<b>E-mail address</b>	
<b>Date</b>	

## PART C

### Medical Examination

<b>Name</b>							
<b>Date of Birth</b>				<b>Age</b>		<b>Gender</b>	
<b>Pulse rate</b>		<b>Blood pressure</b>		<b>Height</b>		<b>Weight</b>	

**Emergency Contact Numbers.** *Please provide two (2) emergency contacts.*

<b>Full Name</b>			
<b>Relationship</b>			
<b>Daytime phone number</b>		<b>Mobile number</b>	
<b>Postal address</b>			
<b>Email</b>			
<b>Full Name</b>			
<b>Relationship</b>			
<b>Daytime phone number</b>		<b>Mobile number</b>	
<b>Postal address</b>			
<b>Email</b>			

<b>Do you need any mobility assistance?</b> <i>If yes, please give details.</i>	
<b>Do you have any disabilities CWM should be aware of?</b> <i>give details.</i>	
<b>Do you have known allergies?</b> <i>give details.</i>	
<b>Are you aware of any medical conditions that may hinder your participation to the Scholarship Programme?</b> <i>give details.</i>	
<b>Special Dietary Requirements</b>	

*IMPORTANT: To be completed by Attending Physician.*

Any family history of disease?	
Any serious operations, injuries or illness in the past?	
Any infectious diseases?	
Any eye defects? If yes, are spectacles worn and satisfactory?	
General condition	
Any ear disease/s?	
Are mouth and throat healthy?	
Teeth are well cared for?	
Are heart and lungs healthy?	
Result of chest X-ray	
Any signs of hernia?	
Urine: Any albumen? Any sugar?	
Any organic, nervous or other disorders?	
Any functional disorders?	
Is the applicant emotionally well-balanced?	
Is there any tendency to depression or history of it?	
Have you any knowledge of the applicant's lifestyle and is there any evidence of abuse of alcohol or drugs?	
Do you consider that there are any medical reasons why the applicant should not go abroad for further training?	
Does the applicant need any special diet or regular medical treatment of any kind?	

### ATTENDING PHYSICIAN'S CERTIFICATION

I hereby certify that \_\_\_\_\_ is physically **fit** / **unfit** to participate in the **Academic Accompaniment Programme** of the Council for World Mission.

\_\_\_\_\_  
Signature over Printed Name of Attending Physician

Date \_\_\_\_\_

Registration No. \_\_\_\_\_

COUNCIL FOR WORLD MISSION  
ACADEMIC ACCOMPANIMENT PROGRAMME



PART D- Checklist Form

Date of Submission: \_\_\_\_\_

Applicant's Name			
Church Denomination		E-mail address	

**IMPORTANT: Please make sure that you have submitted the following documents:**

- Accomplished Application Form Part A
- Accomplished Application Form Part B - Church Endorsement
- Accomplished Application Form Part C – Medical Examination
- Copy of church's long-term Capacity Development Plan (CDP)
- Copy of the Minutes of the Denominational Committee Approval
- Copy of passport pages which include the photograph, personal details and dates of issue and expiry as well as two (2) passport size photograph
- Certified copy of official university transcripts of results in original language. If the documents are in languages other than English, please provide English translation.
- Certified copy of certifications in original language. If the documents are in languages other than English, please provide English translation.