## **CEBHA+ PhD Scholarship Application Form**

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| **INSTITUTION APPLYING TO** |
| South African Medical Research Council |  | Stellenbosch University |  | University of Malawi |  |
| **YOUR DETAILS** |
| Title:  | First Name:  | Family name:  |
| Full Postal Address: |  |
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|  |
| E-mail: |  | Contact number: |  |
| Nationality: |  | Qualifications: |  |
| Employed: | YES |  | NO |  | Employer:  |  |
| Position: |  | Full-time or Part-time (Hours per week employed) |  |
| PhD Topic: |  |
| Institution where registered for PhD: |  |
| When did you register: |  |

Applicants who meet the eligibility criteria should please submit the following documents by **26 November 2018**.

* Completed application form
* Copy of Passport/ID
* Full CV
* Motivational letter outlining relevant research experience
* Proof of registration from doctoral candidate’s university (if applicable)
* Summary of intended doctoral research

***Please note: Incomplete applications will not be considered***