



Scholarship Application Form

Name

Address

Phone Number Email.....

Gender: Date of Birth Your Islamic Organisation.....

Who introduced you to NAZAS?..... Have you applied to NAZAS before?.....

Who do you know in NAZAS?.....

Why do you need scholarship?

Type of Academic Programme..... Name of your Institution.....

Year of Admission..... Your Current Level / Class.....

Has any of your immediate family member benefited from NAZAS (headquarters or Zone?)

(If yes where & when?).....

Signature..... Date.....

Notice (a) Attach your letter of Admission.

(b) No scholarship for private school, post graduate programme and offshore school

(c) If you do not get feedback from NAZAS by December 31st of the year you applied, please reapply again.

Recommendation (H.O.D/Principal/Head Teacher)

Iof the School/Department

Recommend/Do Not Recommend the above applicant based on the following:

Signature/Stamp.....Date.....Phone No.....

ATTESTATION: (By Imam of your mosque /Amir/ Missionary of your organisation)

I Certify that the information provided on this form is true and accurate to the best of my knowledge.

Signature..... Date..... Phone No.....

FOR OFFICIAL USE ONLY:

Management

Category of the Applicant

Recommendation.....

Signature.....

Date.....

Technical Committee

Amount Recommended.....

Keep in View.....

Rejected.....

Signature..... Date.....