

**Rahela Trust Scholarship**

**Application form for admission**

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|  |
| First name ا |  | Middle name: |  | Last name (family or surname): |
|  |  |  |  |  |
| Nickname (what you like to be called): |  | Other name used on past school records: |  | *For Bachelor degree only* |
|  |  |  |  |  |
| **ADDRESS** |
| Applicant’s current home street address: |  | City or town: |  | Province: |
|  |  |  |  |  |
| Previous residence cityor town, and province or country  |  |  |
|  |  |  |
| **EMAIL**  |
|  |  | *Make sure your email address is spelled correctly and add “” to your email contacts.* |
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| **TELEPHONE** |
| Applicant’s phone number: |  | Applicant’s parent's phone number, if different: |
|  |  |
| **EMERGENCY CONTACT** |
| Person to contact in case of emergency: |  | Contact’s phone number: |
|  |  |  |
| **ORIGINS** |
| Country of birth: |  | Province of birth:  |  | Other province/s applicant’s family is connected to: |
|  |  |  |  |  |
| Eiithnic |  | Date of birth—Afghan calendar: |  | Date of birth—Gregorian/Western calendar: |
|  |  |  |  |  |
| Gender: |  | Native language: |  | Other language/s, if any |
| * Female Male
 |  |  |  |  |
| **ENGLISH LANGUAGE EXPERIENCE** |
| *Understand:* |  | *Speak:* |  | *Read:* |  | *Write:* |  |
| Where did you study English? |  | For how long? |
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| Three years school grades. |  | 10th |  | 11th |  | 12th |
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|  | Why do you think you are uniquely qualified to get the Rahela Trust scholarship? Why do you want to get Rahela scholarship? |
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|  | Give one example each of your greatest academic and personal achievements. Which achievement makes you the most proud, andwhy does it make you proud? |
|  | I have self reliance so therefore its can help me in my lessons in every part of my life  |
|  | Describethree (3) things you would try to change in your community if you could. |
|  |
|  | Service is very important at RahelaTrust. What will you do to serve your female community once you have the means to help others? |
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|  | What will you do for girls when you finish your university? |
|  |  |
| * What is your story of violence that you faced?
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|  |
|  |
| *Signature:* |  | *Date:* |  |