







## CCAP SYNOD OF LIVINGSTONIA

# Ekwendeni College of Health Sciences

P.O Box 49, Ekwendeni, Malawi

Completed forms should be sent to:	Tol/Fow + 26F (0) 1220220		
The Principal,	Tel/Fax: +265 (0) 1339339	FOR OFFICIAL USE ONLY	
Ekwendeni College of Health Sciences,	Email: ecohs@unilia.ac.mw	PROGRAMME CODE (SN):	
Box 49,		APPLICATION NUMBER:	
Ekwendeni.			
OR Email: ecohs@unilia.ac.mw			
APPLICATION F	ORM FOR NURSING AND MIDWIFERY TUITION FEES	SCHOLARSHIP	
INSTRUCTIONS: Fill in the requ	nired information in BLOCK LETTERS or TICK where appli	icable	
A. PLEASE CONFIRM YOU AF COLLEGE OF HEALTH SCI YES NO:		WIFERY AT EKWENDENI	
B. APPLICANT'S PERSONAL	INFORMATION:		
SURNAME	FIRST NAME	(INITIALS)	
SEX: MALE FEN	MALE: DATE OF BIRTH:	·	
NATIONALITY	HOME DISTRICT		

TRADITIONAL AUTHORITY ------ VILLAGE ------









DENOMINATION						
ONTACT ADDRESS					-	
obile No			Email:			
ACADEMIC DETAILS: (ARRAN		N ORDER OF MERIT				
ualification e.g. MSCE/IGSCE etc.	Centre Number	Examination number	Subject(s)	Grades/ points	Year	
. MOTIVATION FOR APPLYING	TUITION FEES SCHO	LARSHIP				
lease write the reasons and your mo	tivation for applying fo	r tuition fees scholarsh	ip (Not more than 200	words)		
					- -	
					- -	









E. C	ONFIRMATION OF SPONSORSHIP FOR ACCOMMODATION AND UPKEEP	
SPON	SOR OR GUARDIAN RESPONSIBLE FOR PAYMENT OFBOARDING FEES AND	UPKEEP
SURN	AME: FIRST NAME:	INITIALS
CONT	ACT ADDRESS:	
Mobile	No.: Telephone No	E-mail

### F. CHECKLIST: PLEASE CHECK CAREFULLY TO ENSURE YOU HAVE DONE THE FOLLOWING:

- a. Attached a copy of your MSCE certificate or its equivalent (i.e., notification of results slip)
- **b.** Attached proof of payment of the registration fee
- **c.** Provided proof of ability to pay accommodation, and upkeep fees (i.e., either by attaching a letter from the sponsor or employer confirming sponsorship or bank statements for all candidates.

#### G. HOW TO APPLY

Submit a filled application form with proof of payment of a non- refundable MK15,000.00 registration fees. The registration fees should be paid through a bank deposit at National Bank of Malawi, **Account Number: 1298054, A/C NAME: Ekwendeni College of Health Sciences, Mzuzu Branch.** 

Applications should be sent by post, or delivered by hand to Ekwendeni College of Health Sciences, P.O Box 49, Ekwendeni or via email: ecohs@unilia.ac.mw









The applications should reach the Principal's Office by, 31 December 2024.

All other enquiries, such as fees details, etc, should be directed to the following contacts during working hours only: 01339339 / 0884062134/0888677993 /0995636695, or **ecohs@unilia.ac.mw** 

#### Notes:

- i. Failure to provide the relevant and necessary information and/or documents may risk the disqualification of the entire application.
- ii. Applicants should understand that they will be required to abide by college rules and regulations Christian values promoted by the C.C.A.P Synod of Livingstonia.
- iii. For candidates with special needs, state your disability in the space below.

I certify that the information I have go documents required in the processing of		checked and provided a	Il the relevant information	n and
SIGNATURE:	DATE:	PL <i>f</i>	\CE	

NOTE: THE COLLEGE DOES NOT TRANSACT ITS BUSINESSES USING AIRTEL MONEY OR MPAMBA OR ANY OTHER MOBILE BANKING SERVICES.

ECOHS envisages in contributing to a nation with sufficient numbers of adequately trained health care of Christian background to provide quality health care through qualified staff in a conducive environment.