



CCAP SYNOD OF LIVINGSTONIA

Ekwendeni College of Health Sciences

P.O Box 49, Ekwendeni, Malawi

Completed forms should be sent to:
The Principal,
Ekwendeni College of Health Sciences,
Box 49,
Ekwendeni.
OR Email: ecohs@unilia.ac.mw

Tel/Fax: +265 (0) 1339339

Email: ecohs@unilia.ac.mw

FOR OFFICIAL USE ONLY
PROGRAMME CODE (SN):
APPLICATION NUMBER:
RECEIPT No. :

APPLICATION FORM FOR NURSING AND MIDWIFERY TUITION FEES SCHOLARSHIP

INSTRUCTIONS: Fill in the required information in BLOCK LETTERS or TICK where applicable

A. PLEASE CONFIRM YOU ARE APPLYING FOR A DIPLOMA IN NURSING AND MIDWIFERY AT EKWENDENI COLLEGE OF HEALTH SCIENCES

YES [ ] NO: [ ]

B. APPLICANT'S PERSONAL INFORMATION:

SURNAME ----- FIRST NAME----- (INITIALS)-----

SEX: MALE [ ] FEMALE: [ ] DATE OF BIRTH: -----

NATIONALITY ----- HOME DISTRICT-----

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



DENOMINATION -----

CONTACT ADDRESS -----

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Mobile No..... Telephone No..... Email: .....

**C. ACADEMIC DETAILS: (ARRANGE THE SUBJECTS IN ORDER OF MERIT).**

Qualification e.g. MSCE/IGSCE etc.	Centre Number	Examination number	Subject(s)	Grades/ points	Year

**D. MOTIVATION FOR APPLYING TUITION FEES SCHOLARSHIP**

Please write the reasons and your motivation for applying for tuition fees scholarship (Not more than 200 words)

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**E. CONFIRMATION OF SPONSORSHIP FOR ACCOMMODATION AND UPKEEP**

SPONSOR OR GUARDIAN RESPONSIBLE FOR PAYMENT OF BOARDING FEES AND UPKEEP

SURNAME: ----- FIRST NAME: -----INITIALS -----

CONTACT 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 MK10, 000.00 registration fees for Malawian applicants or US \$30 for non-Malawian applicants. 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](mailto:ecohs@unilia.ac.mw)



The applications should reach the Principal's Office by, **10 November, 2023.**

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

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I certify that the information I have given is true and that I have checked and provided all the relevant information and documents required in the processing of my application.

SIGNATURE: ----- DATE: -----PLACE-----

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.*