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|  | CEBHA+ / COCHRANE MASTER’S SCHOLARSHIP APPLICATION FORM |
| **YOUR DETAILS** |
| Title:  | First Name:  | Family name:  |
| Full Postal Address: |  |
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|  |
| E-mail: |  |
| Contact number: |  |
| **Please tick the checklist below to confirm that you qualify to apply for this scholarship:**

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|  | I am a South African citizen or permanent resident with a SA ID document |
|  | I am accepted or registered for a full-time Master’s programme at a public South African university |
|  | I have academic and/or research experience in one of the following fields: public health, global health, epidemiology, or nutrition |

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| **Motivation for applying for the scholarship:** |
| **Please provide the following supporting documents with your application:**1. copy of SA ID
2. letter of acceptance or proof of registration for a Master’s programme
3. letter of support from current academic supervisor or reference letter from a senior researcher
4. full CV and motivational letter A copy of your review, as it is at present
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| **Signature**: | **Date**: |

**Please submit the completed application form together with your supporting documents by
30 September 2018 to** bey-marrie.schmidt@mrc.ac.za