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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:**   |  |  | | --- | --- | |  | 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 | | | | | |
| **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 | | | | |

|  |  |
| --- | --- |
| **Signature**: | **Date**: |

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