



# CATHOLIC UNIVERSITY INSTITUTE OF BUEA

P.O. Box 563 Buea,  
South West Region,  
Republic of Cameroon,  
Central Africa

## CUIB

The Entrepreneurial University

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## SCHOLARSHIP APPLICATION FORM

**Before completing this application form you MUST have applied to study at the University.**

Please note that this application will be considered together with your Application for Admission. In the interests of fairness, late applications will **not** be accepted for any reason. We reserve the right to disregard incomplete or incorrectly submitted applications.

1.PERSONAL INFORMATION	
Name	
Date of Birth	
Place of Birth	
Marital Status	
2.CONTACT INFORMATION	
Postal Address	
Telephone number	
Email Address	
3.PROGRAMME APPLIED FOR	
HND (School):	Department:
B.S.c (School):	Department:
4.EDUCATION QUALIFICATION	
High School	
College/University	
5.FINANCIAL INFORMATION	
How do you intend to finance your education in CUIB?	
What is your position in the family?	First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Last <input type="checkbox"/>
Name of Father/Guardian	
Profession	
Telephone Number	

Name of Mother/Guardian	
Profession	
Telephone number	

If there are any special circumstances that the board needs to consider regarding your application, if need be, include documents as proof.

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Signature of Applicant-----

Date -----