

**ROBERT AND CICELY WAHL SCHOLARSHIP**

**APPLICATION FORM**

TO: The Trustee  
Scholarship Fund  
Private Bag X5  
MENLO PARK  
0102

Sir/Madam

I apply to be regarded as a candidate for the PETER HAWORTH MEMORIAL SCHOLARSHIP/CICELY HAWORTH WAHL SCHOLARSHIP for the year \_\_\_\_\_

My details are as follows:

**FULLE NAMES :** \_\_\_\_\_

**IDENTITY NUMBER :** \_\_\_\_\_

**CONTACT DETAILS :**

ADRESS : \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONTACT NUMBER : \_\_\_\_\_

I confirm that I meet the following conditions set out in the Will of the Late Joan Cicely Wahl in that:

1. I confirm that I am a graduate of a South African University. I am currently a graduate of the University of \_\_\_\_\_ .
2. I will further my studies at one of the following Universities:  
University of Oxford : Yes/No  
University of Cambridge : Yes/No  
University of London : Yes/No

*Please note that the bursary will only be granted to a person/s who studies/want to study at one of the above three Universities.*

3. I understand that the Scholarship shall be available for a period of 2 (TWO) years in the case of a Course of study for a bachelor's or master's degree or for a period of 3 (THREE) years in the case of a Doctorate.

\_\_\_\_\_  
SIGNATURE

***Please note that this application must reach the Trustee of the Selection Committee not later than 30 December.***

***No late applications will be considered.***