

**MALDIVES OLYMPIC COMMITTEE
MALE, MALDIVES.**

SCHOLARSHIP APPLICATION FORM

Personal Details

Surname			
First name			
Date of birth		ID card:	
Address			
Telephone number:		Mobile:	
E-mail:			

Course Details

Course Name:	
Course Level:	
Institution:	
Duration:	
Starting Date:	

1. What are the reasons for applying to this Scholarship/Course?

2. How will this Scholarship contribute to Sports Development in Maldives & to your carrier?

3. How do you intend to apply the knowledge and skills gained from this Scholarship in the future?

Date _____

Applicant Signature _____