MBA scholarship application form



Title Name	
Address	
	Postcode
Tel number	
E-mail address	
ACCA membership number	
Employer	
Address	
	Postcode
Please indicate the course start date you would prefer for the MBA scholar	rship
July January	
To complete your application form please submit this form with the following: 1 Curriculum vitae 2 Personal statement 3 Name, job title and contact details of two referees (including telephone and e-mail details).	
DECLARATION I have checked my application and the information provided by me and, to the best of my knowledge, this information is complete and correct.	
I understand that any omissions on my part, or the inclusion by me of false information in this application, may disqualify me from the MBA scholarship.	
I agree that, under the terms and conditions of ACCA's MBA scholarship, the decision of the MBA Scholarship Committee is final and that I have no right of appeal should my application be unsuccessful.	
I give permission to use the information provided in this application to publicise future MBA scholarship awards.	
If successful, I agree to ACCA tracking my progress throughout the period of my enrolment on the MBA programme.	
Signed	Date

Learning Partnerships Department