

## SAAIR SCHOLARSHIP 2023: APPLICATION FORM

Please <b>print</b> clearly.	
Last Name:	First Name:
Telephone:	Email:
Title:	Cell number:
Institution:	Department/Unit & Job Title:
Institution Address: Street: _____ Phone: _____ City: _____ Province: _____ Postal code: _____	
Field of occupation: <ul style="list-style-type: none"><li><input type="radio"/> Institutional Research (IR):</li><li><input type="radio"/> Institutional Effectiveness (IE):</li><li><input type="radio"/> Institutional Planning (IP):</li><li><input type="radio"/> Management Information Systems (MIS):</li><li><input type="radio"/> Quality Assurance (QA):</li><li><input type="radio"/> Academic Development (AD):</li><li><input type="radio"/> Other (specify):</li></ul>	
Number of years in the field?	
SAAIR paid member: YES NO	
Nominated by your IR unit (or equivalent): YES NO	
Nominated by (name, designation of line manager and signature):  	

*I certify that all statements made on this application are true and accurate.*

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_