**SAAIR SCHOLARSHIP 2025: APPLICATION FORM**

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| --- | --- |
| Please **print** clearly. | |
| Name: | Surname: |
| Title: | Email: |
| Telephone: | Cell Number: |
| Institution: | Department/Unit & Job Title: |
| Institution Address:                            Street:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                              City:                                         Province:                                Postal code: | |
| Field of occupation:   * Institutional Research (IR) * Institutional Effectiveness (IE) * Institutional Planning (IP) * Management Information Systems (MIS) * Quality Assurance (QA) * Academic Development (AD) * Other (specify): | |
| Number of years in the field?   \_\_\_\_ | |
| SAAIR paid member:      YES   NO | |
| Nominated by your IR unit (or equivalent): YES      NO | |
| Nominated by (name and designation of line manager): \_\_\_\_\_ | |

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

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

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