



JAAMACADDA CAAFIMAADKA AL HAYAT
جامعة الحياة الطبية
AL HAYAT MEDICAL UNIVERSITY

“ A Campaign of Excellence and Impact ”

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SCHOLARSHIP APPLICATION FORM

Please Fill the Form in Capital Letters

STUDENT'S DATA

Student's Name: Phone Number:

Date of Birth: Place of Birth: Age:

Gender: Male Female

Marital Status: Single Married

Student's
Photo

Mother's Name: Phone Number:

Father's Name: Phone Number:

EDUCATIONAL BACKGROUND

School Name: School Address:

Graduate Year Role Number GBA:

FACULTIES YOU'RE CHOICE

**Select Faculties
Your Choice:**

1st Choice

2nd Choice

- Bachelor of Science in Pharmacy
- Bachelor of Medicine & Bachelor of Surgery
- Bachelor of Medical Laboratory Sciences
- Bachelor of Science in Nursing
- Bachelor of Science in Midwifery
- Bachelor of Science in Public Health
- Bachelor of Science in Nutrition and Dietetics (BSND)

I confirm that the information given on form is correct.

Date:

Applicants Signature: