



WORLD LINK-UP Ltd
KIGALI-RWANDA
Downtown Building, F3-34
Tel: +8613177890216
+250788266156
www.info@world-link-up.com
www.world-link-up.com

Student application form.

Name:
Last First Middle

Email:

Permanent Address:

District: **Province:**

Cell Phone:

Sex: Male/Female

Date of Birth:(MM).....(DD).....(YY)

Last School Attended:

Province and country:/.....

Grade level completed:

Are you seeking for scholarship? Full scholarship
 Partial scholarship
 Self supported

Program seeking enrollment:

Parent/Guardian information:

Living with child? Yes/No

Full name:
Last First Middle

Email:

Cell Phone:

Please read and check each box below.

I have read and agree to the terms & conditions and the privacy policy.

I understand by submitting this information, I will be contacted by a school representative.

Signature:

Parent signature if the student is under 18- years of age. You agree that all information submitted to World link-up is true and correct to the best of your knowledge.

Note: Please after filling the form, scan and send it to cedricrugwizangoga@gmail.com or fabriceirakoze7@gmail.com