



**SCHOLARSHIP APPLICATION FORM**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Primary Education Institution: \_\_\_\_\_

Secondary Education Institution: \_\_\_\_\_

Have you ever been suspended or expelled from an institution? If yes, reason?  
\_\_\_\_\_

Extracurricular Activities (list all): \_\_\_\_\_

Awards and/or Positions of Responsibility (list all): \_\_\_\_\_

Church of Attendance: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Telephone No: \_\_\_\_\_ Father's Telephone No: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Guardian's Relation: \_\_\_\_\_

Guardian's Telephone No: \_\_\_\_\_ Guardian's Occupation: \_\_\_\_\_

Single Parent Household  Two Parent Household  Other

Number of Siblings Residing in Household: \_\_\_\_\_

I hereby declare that the information provided in this application is true to the best of my knowledge and belief.

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_