



SCHOLARSHIP APPLICATION FORM

EDUCATIONAL SUPPORT FUND

APPLICANT INFORMATION

FULL NAME (Surname first, then other names)

DATE OF BIRTH (DD/MM/YYYY)

GENDER

Male Female

PHONE NUMBER

+234

EMAIL ADDRESS (example@email.com)

HOME ADDRESS (Street, city, state)

CHURCH / MINISTRY (Local assembly or ministry name)

SCHOOL NAME (Current or prospective institution)

COURSE / PROGRAM (Study area or course title)

CURRENT LEVEL / CLASS (JSS/SS/ND/HND/
Degree/Other)

SCHOLARSHIP DETAILS

PURPOSE OF SCHOLARSHIP

Tuition Books Vocational Support Other

BRIEF STATEMENT OF NEED (Explain your need and how support will help you)

ACADEMIC OR MINISTRY GOALS (Describe your plans after receiving support)

REQUIRED DOCUMENTS ATTACHED

- | | |
|--|--|
| <input type="checkbox"/> Admission letter or school ID | <input type="checkbox"/> Recommendation letter |
| <input type="checkbox"/> Passport photograph | <input type="checkbox"/> Any other supporting document |
| <input type="checkbox"/> Last term/semester result | |

DECLARATION

I confirm that the information provided is true and complete. I understand that support is subject to review and availability.

APPLICANT SIGNATURE

DATE (DD/MM/YYYY)

Submit completed form to: info@hope4dliving.org

Keep a copy for your records before submission.