



GRACELAND FOUNDATION FOR HUMAN DEVELOPMENT

Partner in personal and intellectual development

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STUDENT'S SCHOLARSHIP SCHEME (SECONDARY SCHOOL)

Affix a Recent
Passport

APPLICATION FORM

Name: _____

Date of Birth _____ Age _____

Sex: Male () Female () Present Class _____

Nationality _____ State of Origin _____ Home Town _____

Contact Address: _____

Permanent home address: _____

Name of School _____

Father's name: _____ Phone No: _____

Mother's name _____ Phone No: _____

Is your family Monogamous or Polygamous? _____

Are your Parents: Living Together () Separated () Divorced ()

If any of your parent is deceased, please state: Mother () Father () Both ()

Number of Children in the Family _____

Your Position among the Children _____

Religion _____ If Christian, which denomination/Church? _____

Why do you need the scholarship? Explain in details: _____

Best three subjects: _____

Future ambition _____

Signature: _____

Date: _____