



FERREL VICTOR CHARLES SCHOOL SCHOLARSHIP APPLICATION FORM

CUSTOMER/SHAREHOLDER INFORMATION		
NAME OF MEMBER	LAST NAME	FIRST NAME
HOME ADDRESS		
CONTACT NUMBER		
EMAIL ADDRESS		
ACCOUNT NUMBER		
RELATIONSHIP TO APPLICANT	<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> LEGAL GUARDIAN	
DOES THE APPLICANT LIVE WITH YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
APPLICANT PERSONAL INFORMATION		
NAME OF STUDENT	LAST NAME	FIRST NAME
DATE OF BIRTH	DD/MM/YY	
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
APPLICANT SCHOOL INFORMATION		
PRIMARY SCHOOL ATTENDED		COMMON ENTRANCE EXAM SCORE
SECONDARY SCHOOL ASSIGNED		
ARE YOU A CURRENT HOLDER OF A SCHOLARSHIP?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
SOVI-ECONOMIC INFORMATION		
Mother/Female Guardian:	<input type="checkbox"/> No formal schooling <input type="checkbox"/> Primary Level <input type="checkbox"/> Secondary Level <input type="checkbox"/> Tertiary level <input type="checkbox"/> Master's/Postgraduate Level	
Father/Male Guardian:	<input type="checkbox"/> No formal schooling Primary Level <input type="checkbox"/> Secondary Level <input type="checkbox"/> Tertiary level <input type="checkbox"/> Master's/Postgraduate Level	
NUMBER AND AGE OF CHILDREN currently dependent on you	NUMBER _____ (of children)	AGES _____ (respectively)
Does your child have ACCESS TO A COMPUTER (with internet access)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Owns computer w/o internet access <input type="checkbox"/> Access to a borrowed computer	

TELL US WHY YOU DESERVE THIS SCHOLARSHIP:

DECLARATION

I, the undersigned, hereby certify that the information herein is accurate and true and commit myself to adhere to the conditions stipulated by the Ferrell Victor Charles School Scholarship Program.

Signature of Customer/ Shareholder

Date

FOR OFFICIAL USE ONLY	
APPLICATION APPROVED <input type="checkbox"/>	
APPLICATION DISAPPROVED <input type="checkbox"/>	
REMARKS	
OFFICER'S SIGNATURE: _____	DATE: DD/MM/YY

NB.

The following documents **MUST** be submitted along with the completed Application Form.

- 1) Birth Certificate of Applicant.
- 2) A Recommendation Letter from Applicant's last teacher.
- 3) A Copy of Applicant's Common Entrance Examination Results Slip.
- 4) A Recommendation Letter from the Principal of the last school attended by Applicant.
- 5) Job Letter for both parents/guardians