

## HIGHERLIFE FOUNDATION SCHOLARSHIP APPLICATION FORM

### Primary and Secondary School Level

DATE

#### PERSONAL DETAILS

Please tick where necessary

NAME(S) & SURNAME																	
BIRTH CERT/I.D NUMBER										PASSPORT NUMBER							
PLACE OF BIRTH					DATE OF BIRTH DD MM YYYY			MALE	FEMALE	HEIGHT	CM	WEIGHT	KG				
NATIONALITY																	
VULNERABILITY STATUS: SM – single orphaned mother deceased, SF – Single orphaned father deceased, DO – Double Orphaned, PC – vulnerable pastor's child, VC – Vulnerable Child (not orphaned), I/O – living in an institute/orphanage. (Please indicate your status by a tick on the appropriate box below)																	
SM			SF			DO			PC			VC			I/O		

#### SIBLING DETAILS

NAME	AGE	GRADE/FORM
NAME	AGE	GRADE/FORM
NAME	AGE	GRADE/FORM
NAME	AGE	GRADE/FORM
PHYSICAL ADDRESS		CONTACT NUMBERS
EMAIL ADDRESS	DISTRICT	PROVINCE

#### PARENT DETAILS

Tick where relevant

FULL NAME(S) OF SURVIVING PARENT(S)/GUARDIAN				CONTACT NUMBERS			
PHYSICAL ADDRESS OF SURVIVING PARENT(S)/GUADIAN							
EMPLOYMENT STATUS OF PARENT(S)/ GUARDIAN	MOTHER	PAID EMPLOYMENT	FULL TIME	PART TIME	UNEMPLOYED	SELF EMPLOYED	
	FATHER	PAID EMPLOYMENT	FULL TIME	PART TIME	UNEMPLOYED	SELF EMPLOYED	
EMPLOYER OF SURVIVING PARENT/ GUARDIAN	FULL NAME			ADDRESS			
	EMAIL ADDRESS			CONTACT NUMBERS			
SPECIFY PARENT'S/GUARDIAN OCCUPATION							

#### HOUSEHOLD DETAILS

NUMBER OF PEOPLE IN THE HOUSE HOLD	NUMBER OF BEDROOMS AT HOUSEHOLD			
OWNERSHIP STATUS OF HOUSEHOLD	Owned by Parent(s)	Owned by Guardian	Rented by Parent(s)	Rented by Guardian

#### SCHOOL DETAILS

NAME OF SCHOOL ENROLLED AT	SCHOOL ADDRESS
NAME OF SCHOOL HEAD	CONTACT NUMBER(S)
SCHOOL HEAD EMAIL ADDRESS	





## ACKNOWLEDGMENT

I..... BEING THE LEGALLY RECOGNIZED GUARDIAN OF .....AFFIRM MY WISH TO HAVE .....BE CONSIDERED FOR THE HIGHERLIFE FOUNDATIONS' EDUCATIONAL SCHOLARSHIP PROGRAM. PERMISSION IS THEREFORE GIVEN TO THE OFFICIAL OF ..... SCHOOL TO RELEASE TRANSCRIPTS OF HIS/HER ACADEMIC RECORDS AND OTHER REQUESTED RECORDS FOR CONSIDERATION IN THE HIGHERLIFE FOUNDATION SCHOLARSHIP PROGRAM. I UNDERSTAND THAT THIS APPLICATION WILL BE AVAILABLE ONLY TO HIGHERLIFE FOUNDATION REPRESENTATIVES WHO NEED TO SEE IT IN THE COURSE OF THEIR DUTIES. I WAIVE THE RIGHT TO ACCESS LETTERS OF RECOMMENDATION ON ..... BEHALF. I AFFIRM THAT ..... IS AN ORPHANED CHILD OR A VULNERABLE CHILD. IF SELECTED AS A HIGHERLIFE FOUNDATION SCHOLAR, HE/SHE WILL ABIDE TO THE SCHOLARSHIP'S TERMS AND CONDITIONS. I AFFIRM THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY BELIEF, BEARING IN MIND THAT IF IT IS FOUND TO BE OTHERWISE, THE APPLICATION WILL BE DISQUALIFIED.

NAME OF PARENT OR GUARDIAN:

DATE

SIGNATURE

## THIS FORM SHOULD BE SUBMITTED WITH THE FOLLOWING DOCUMENTS ATTACHED

- CERTIFIED COPY OF BIRTH CERTIFICATE
- CERTIFIED COPY OF DEATH CERTIFICATE(S) OF BIOLOGICAL PARENTS IN CASE OF ORPHAN HOOD OR AFFIDAVIT/S
- CERTIFIED COPIES OF GRADE 7, 'O' AND 'A' LEVEL CERTIFICATES AND OR LATEST REPORT SCHOOL REPORT WHICHEVER IS APPLICABLE
- ORIGINAL INVOICES WITH BANK DETAILS I.E. NAME OF BANK, ACCOUNT NUMBER AND BRANCH
- 1 PASSPORT SIZED PHOTOGRAPH
- CERTIFIED COPY OF NATIONAL ID