

CAPERNAUM SCHOLARSHIP APPLICATION FORM: TERTIARY LEVEL

DATE	С	COLLEGE/UNIVERSITY REGISTRATION NUMBER															
PERSONAL DET	TAILS	Р	lease tic	k where ssary													
NAME(S) & SURNAMI	E																
BIRTH CERT/I.D NUM	BER									PASSPO	ORT NUM	BER					
PLACE OF BIRTH				DD	1	OF BIRTH	YYY	MALE		FEMALE	н	EIGHT		CM	WEIGH	IT	KG
NATIONALITY				5.6							20 10 10						
VULNERABILITY STAT Child (not orphaned), I/												PC - vi	ılnerab	le pastor'	s child, V	′C – Vu	Inerable
SM	SM SF DO PC VC											1/0					
SIBLING DETAIL	LS																
NAME										AGE			GRADE	/FORM			
NAME										AGE			GRADE	/FORM			
NAME										AGE			GRADE	/FORM			
NAME										AGE			GRADE	RADE/FORM			
PHYSICAL ADDRESS										CONTA	CT NUMBI	ERS					
EMAIL ADDRESS								DIST	RICT			PR	OVINC	E			
PARENT DETAI	LS TIC	K RELE	VANT														
FULL NAME(S) OF SUI	RVIVING PA	RENT(S	3)								СО	NTACT	NUM	BERS			
PHYSICAL ADDRESS O	F SURVIVIN	IG PARI	ENT(S)														
EMPLOYMENT STATUS OF	МОТНЕ	ER	PAID EM	PLOYMENT		FULL TIME	Pi	ART TIM	ΙE	UN	UNEMPLOYED				SELF EMPLOYED		
PARENT(S)	FATHER	3	PAID EM	PLOYMENT	ENT FULLTIME PARTITIME UNEMPLOYED						SELF EMPLOYED						
EMPLOYER OF SURVIVING	FULL N	AME						ADDF	RESS								
PARENT	FMAII																
	LIVIALE	ADDRES	SS							CONT	ACT NUM	BERS					
GAURDIAN DE				г						CONT	ACT NUM	BERS					
GAURDIAN DE	TAILS			Г							ACT NUM		ENT				
	TAILS	TICK R		Paris Consideration									ENT	MALE		FEM	ALE
FULL NAME OF GAUR	TAILS	CON	ELEVAN	Paris Consideration									ENT	MALE		FEM	ALE
FULL NAME OF GAUR GUARDIAN AGE PHYSICAL ADDRESS O EMPLOYMENT	TAILS	CON	TACT NU	Paris Consideration		FULL TIME	P	ART TIM	IE IE	RELATIO		STUDE	ENT	MALE		FEM	ALE
FULL NAME OF GAUR GUARDIAN AGE PHYSICAL ADDRESS O	TAILS DIAN F GUARDIA	CON IN ER	TACT NUI	MBER(S)		FULL TIME	+	ART TIM		RELATIO	NSHIP TO	STUDE	ENT		ELF EM		
FULL NAME OF GAUR GUARDIAN AGE PHYSICAL ADDRESS O EMPLOYMENT STATUS OF	TAILS DIAN F GUARDIA MOTHE	CON IN ER	TACT NUI	MBER(S)			+		IE .	RELATIO	NSHIP TO	STUDE	ENT		ELF EM		



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				

ACADEMIC CAREER

NAME OF UNIVERSITY/COLLEGE ENROLLE	D AT			UNIVERSITY/CO	COLLEGE ADDRESS				
NAME OF HEAD OF DEPARTMENT				CONTACT NUM	CONTACT NUMBER(S)				
HOD EMAIL ADDRESS									
DEGREE/PROGRAM OF STUDY					DURATION OF PROGRAM OF STUDY				
CURRENT YEAR AND SEMESTER/TERM	1 ST	YEAR	2 ND	SEMESTER/TERM	YEAR OF GRADUATION				

'A' LEVEL EXAM RESULTS LATEST RESULTS, PLEASE ATTACH A CERTIFIED COPY

COURSE/SUBJECT	GRADE OBTAINED	MONTHS & YEAR OBTAINED	'A' LEVEL POINTS	EXAMINING BOARD (ZIMSEC, CAMBRIDGE)

'TERTIARY' LEVEL EXAM RESULTS LATEST RESULTS (MOST RECENT SEMESTER OR TERM), PLEASE ATTACH A CERTIFIED COPY

SUBJECT	GRADE OBTAINED	SEMESTER & YEAR ATTAINED

IF YOU HAVE ALWAYS BEEN ON THE HIGHERLIFE FOUNDATION PROGRAM

NAME OF S	SCHOOL			HEADMASTER/PRINCIPAL	
ADDRESS				CONTACT NUMBER(S)	
DISTRICT		PROVINCE		PERIOD AT THE SCHOOL	



SPIRITUAL BACKGROUND								
NAME OF APPLICANTS RELIGION	ARE YOU BORN-AGA	ARE YOU BORN-AGAIN? YES NO						
WHEN WERE YOU BORN-AGAIN? DD MM YYYY WHICH CH	URCH DO YOU CURRENTLY	RCH DO YOU CURRENTLY FELLOWSHIP WITH?						
PASTOR' NAME/ADDRESS	PASTOR'S	CONTACT NU	JMBER					
	OUR FAVORITE VERSE IN TH RITE DOWN THE VERSE)	E BIBLE						
FUNDING		<u> </u>						
ARE YOU CURRENTLY RECEIVING FUNDING FROM ANY OTHER ORGANIZATION(S)?	•	YES	NO					
IF YES, WRITE THE NAME OF THE ORGANIZATION								
WHO INTRODUCED/REFERRED YOU TO HIGHERLIFE FOUNDATION? (WRITE FULL NAME AND RELATIONSHIP)								
WHEN AND WHERE WERE YOU OFFERED THE HIGHERLIFE FOUNDATION SCHOLAR	RSHIP? E.G. GIRLS HIGH	SCHOOL, H	ARARE, AUGU	JST 2004				
OTHER INFORMATION EXPLAIN BELOW, AND IN DETAIL								
HOW YOU INTEND YOUR STUDIES TO EVENTUALLY BENEFIT YOUR COMMUNITY, S								
WHAT ROLE DO YOU SEE YOURSELF PLAYING IN THE FUTURE OF YOUR COMMUN	ITY, SOCIETY OR NATION?							



ACKNOWLEDGMENT

I	AFFIRM MY	WISH TO BE	CONSIDERED FOR	THE HIGHERLIFE FOU	NDATIONS'
EDUCATIONAL SCHOLARSHIP PROGRAM. PERMISSION IS THEREFORE GIVEN TO THE OI	FFICIAL OF M	Y INSTITUTE TO	O RELEASE TRANSCR	IPTS OF MY ACADEMI	IC RECORDS
AND OTHER REQUESTED RECORDS FOR CONSIDERATION IN THE HIGHERLIFE FOUND.	ATION SCHO	LARSHIP PROG	RAM. I UNDERSTAN	ID THAT THIS APPLICA	ATION WILL
BE AVAILABLE ONLY TO HIGHERLIFE FOUNDATION REPRESENTATIVES WHO NEED TO S	SEE IT IN THE	COURSE OF TI	HEIR DUTIES. I WAIV	E THE RIGHT TO ACCE	SS LETTERS
OF RECOMMENDATION ON MY BEHALF. I AFFIRM THAT I AM AN ORPHANED CHILD OF	R A VULNERA	BLE CHILD. IF S	SELECTED AS A HIGH	ERLIFE FOUNDATION	SCHOLAR, I
AGREE TO ABIDE TO THE SCHOLARSHIP'S TERMS AND CONDITIONS. THIS APPLICATION	I IS MY OWN	WORK AND I A	FFIRM THAT THE IN	ORMATION CONTAIN	NED HEREIN
IS TRUE AND ACCURATE TO THE BEST OF MY BELIEF, BEARING IN MIND THAT IF IT IS I	FOUND TO BE	F OTHERWISE.	MY APPLICATION W	ILL BE DISQUALIFIED.	•

SIGNATURE DATE

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 'O' AND 'A' LEVEL CERTIFICATES
- ☑ ORIGINAL INVOICES WITH BANK DETAILS I.E. NAME OF BANK, ACCOUNT NUMBER AND BRANCH
- ☑ 1 PASSPORT SIZED PHOTOGRAPH
- ☑ CERTIFIED COPY OF NATIONAL ID