

CAPERNAUM SCHOLARSHIP APPLICATION FORM: TERTIARY LEVEL

DATE	COLLEGE/UNIVERSITY REGISTRATION NUMBER
------	--

PERSONAL DETAILS

Please tick where
neccessary

NAME(S) & SURNAME																								
BIRTH CERT/I.D NUMBER																PASSPORT NUMBER								
PLACE OF BIRTH					DATE OF BIRTH							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 RELEVANT

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

GAURDIAN DETAILS

TICK RELEVANT

FULL NAME OF GAURDIAN		RELATIONSHIP TO STUDENT			
GUARDIAN AGE		CONTACT NUMBER(S)		MALE	FEMALE
PHYSICAL ADDRESS OF GUARDIAN					
EMPLOYMENT STATUS OF GUARDIAN(S)	MOTHER	PAID EMPLOYMENT	FULL TIME	PART TIME	UNEMPLOYED
	FATHER	PAID EMPLOYMENT	FULL TIME	PART TIME	UNEMPLOYED
EMPLOYER OF GUARDIAN	FULL NAME			ADDRESS	
	EMAIL ADDRESS			CONTACT NUMBERS	

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 ENROLLED AT		UNIVERSITY/COLLEGE ADDRESS			
NAME OF HEAD OF DEPARTMENT		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 SCHOOL			HEADMASTER/PRINCIPAL	
ADDRESS			CONTACT NUMBER(S)	
DISTRICT		PROVINCE	PERIOD AT THE SCHOOL	

ACKNOWLEDGMENT

I..... AFFIRM MY WISH TO BE CONSIDERED FOR THE HIGHERLIFE FOUNDATIONS' EDUCATIONAL SCHOLARSHIP PROGRAM. PERMISSION IS THEREFORE GIVEN TO THE OFFICIAL OF MY INSTITUTE TO RELEASE TRANSCRIPTS OF MY 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 MY BEHALF. I AFFIRM THAT I AM AN ORPHANED CHILD OR A VULNERABLE CHILD. IF SELECTED AS A HIGHERLIFE FOUNDATION SCHOLAR, I AGREE TO ABIDE TO THE SCHOLARSHIP'S TERMS AND CONDITIONS. THIS APPLICATION IS MY OWN WORK AND 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, MY APPLICATION WILL 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