



**PART II : FAMILY INFORMATION**

<b>PARENT/GUARDIAN INFORMATION</b>	<b>PARENT OR GUARDIAN 1</b>	<b>PARENT OR GUARDIAN 2</b>
First Name		
Last/Surname		
Telephone/Mobile Number		
Marital status [Tick as appropriate] (If deceased, attach copy of Death Certificate)	<input type="checkbox"/> Married <input type="checkbox"/> Polygamous <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/> Separated	<input type="checkbox"/> Married <input type="checkbox"/> Polygamous <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/> Separated
Age		
National ID Number (Attach a copy)		
Occupation – If employed, indicate the average monthly income.		
Any other source of income, including casual labour and state the average monthly income.		
Family Property: If any land and/or livestock, indicate the size of land, crops grown, types & no. of animals kept & income from these assets.		
Physical address of Home/Residence [State Town, Estate/Village, Nearest public land mark to the residence e.g. School, Church, Hospital, Shopping Centre, etc.]. Is the house owned by you, or the employer, or rented? - if rented, indicate the rent amount.		

<b>DETAILS OF THE APPLICANT'S BROTHERS AND SISTERS STARTING WITH THE ELDEST</b>					
<b>No.</b>	<b>Name</b>	<b>M/F</b>	<b>Age</b>	<b>If in school/ college, indicate which one &amp; the Class/Form/Year</b>	<b>If working, indicate the occupation &amp; organisation &amp; average monthly income</b>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

If in school/college, who pays fees? \_\_\_\_\_

\_\_\_\_\_



**School performance/Personality/Conduct:** [Headteacher or School Principal recommendation continued]

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Name: \_\_\_\_\_ Signature & School stamp: \_\_\_\_\_

[WRITE IN CAPITAL LETTERS]

Tel/Mobile No: \_\_\_\_\_ Date: \_\_\_\_\_

**School Type:** Public  Private  Religious  Boarding  Informal

[Tick all that apply]

**B. RECOMMENDATION BY LOCAL ADMINISTRATION (TO BE COMPLETED BY THE CHIEF OR ASSISTANT CHIEF)**  
 Please confirm that the applicant is known to you and report on the family financial circumstances. Also explain how long you have known the applicant/family and why he/she should be considered for Edumed Scholarship Program.

I confirm the applicant/family is known to me for \_\_\_\_\_ months/years and a resident of my location/sub-location. I have reviewed the information given and based on my knowledge and/or inquiries, I affirm and recommend that this boy/ girl be supported on the following grounds:

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature & Official stamp: \_\_\_\_\_ Tel./Mobile No: \_\_\_\_\_

<b>C. RECOMMENDATION BY A MINISTER OF RELIGION (TO BE COMPLETED BY PASTOR/PRIEST/ETC.)</b>	
NAME AND TITLE OF RELIGIOUS MINISTER:	TEL/MOBILE NO:
RELIGIOUS INSTITUTION:	TOWN

I have known the applicant/family for \_\_\_\_\_ months/years. Reason why the applicant should be considered for sponsorship: \_\_\_\_\_

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Signature & Official stamp: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Application Approved/ Disapproved	<b>Reasons for Approval/Disapproval:</b> 1..... 2..... 3.....
Vetted and Approved By:	<b>Name &amp; Signature</b> 1.....Sign.....Date..... 2.....Sign.....Date..... 3.....Sign.....Date.....