**GLEAMSY HOPE AND SKILLS FOUNDATION**

Website: <https://www.gleamsy-hope-skills-foundation.com/>

**SCHOLARSHIP APPLICATION FORM**

SCHOOL YEAR 2024 - 2025

Instructions: Please complete this form accordingly.

***DO NOT ABBREVIATE. DO NOT LEAVE ANY ITEM BLANK. Countersign all erasures***

*and Corrections made.*

Passport

Photograph

Registration Number:

(For Oﬃcial Use)

**CHILD’S INFORMATION**

1. Full Name of Child:

2. Gender: Male Female

3. Date of Birth**:…………………………….**

4. Nationality**:………………………………..**

5. Current Address**:…………………………………………………………………………**

6. Local Government Area (LGA): **…………………………………………………….………….­­­­­­­­­­­­**

7. State of Residence**:……………………………………………………………………....**

8. Is the child currently in school? Yes / No

if yes, state the last class completed**………………………………………………….....**

**PARENTS/GUARDIAN INFORMATION**

1. Full Name of Parent/Guardian:**…………………………………………………………….**

2. Relationship to Child:**……………………………………………………………………….**

3. Occupation: **………………………………………………………………………………...**

4. Contact Number:**…………………………………………………………………………...**

5. Email Address (if available):**……………………………………………………………….**

6. Home Address (if diﬀerent from above):**………………………………………………….**

**………………………………………………………………………………………………..**

7. Number of Dependents:**…………………………………………………………………….**

8. Have you applied for other ﬁnancial assistance for this child? Yes No

- if yes, please specify:**……………………………………………………………………..**

**………………………………………………………………………………………….**

**REASON FOR APPLYING EDUCATIONAL SUPPORT NEEDED**

Please explain why this scholarship is needed, including any ﬁnancial challenges and how it will beneﬁt the child:

Please tick items of support needed for the child:

School Fees

Books and Supplies

Feeding

School Uniforms Transportation

Other (please specify)

**OUT -OF-SCHOOL CHILDREN SUPPORT REGISTRATION PROGRAM**

***Educational Access for All Program (EAAP)***

Overview The Out-of-School Children Support Children Support Registration Program aims to identify and Support children aged 3 years and above who are not currently enrolled in school due to ﬁnancial or other barriers. This program is designed to provide educational access through scholarships, school supplies, uniforms, and other resources that remove obstacles to learning. The program targets underprivileged families within the community, ensuring every child gets the chance to receive quality education.

1. Identify and register out-of-school children aged 3 and above

Objectives

2. Provide necessary ﬁnancial support, including school fees and uniforms.

3. Supply educational materials such as books, stationery, and learning tools.

4. Facilitate enrollment into nearby schools.

5. Track the academic progress of supported children through regular follow-ups.

6. Provide mentorship and additional educational support as needed.

Who Can Apply? You are a child?

* Age 3 and above
* Currently not enrolled in any formal school system.
* families with ﬁnancial diﬃculties or other social barriers

***NB: Priority given to orphans and children from single-parent and low-income families***

How to get the Scholarship

**Step** **1:** Registration

Parents/guardian properly ﬁll the form (see next page) and submit with

- Copy of the child birth certiﬁcate of the applicant.

- Copy of parent/guardian ID (NIN, Driver License or Passport) and

**Step 2.** Eligibility Verification

After investigations, applications are reviewed by a panel that includes educators, social workers, and determines eligibility.

**Step 3.** Assessment

Eligible children will undergo a placement test to determine their educational level and needs

**Step** **4:** Allocation of Support

Once the support package is prepared, eligible children will be notiﬁed and the package will be allocated (school fee payment, free uniforms, school supplies...).

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| Our Partners | Schools, NGOs/Charities, Community Leaders, Government Agencies, Religious Organizations, volunteers |
|  |  |
| Contact Us | For more information or on how to become a partner contact:  Email:gleamsyhopefoundation@gmail.com  Phone; +234 806 522 6830 |
|  |

Our banking details:

UNITED BANK OF AFRICA (UBA )  
ACCOUNT NAME: GLEAMSY HOPE AND SKILLS FOUNDATION

NGN A/C no.: 1028158324

US $ A/C no.:  3004782512

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| --- |
| **DECLARATION** |
| I declare that the information in this form above, is true and correct to the best of my knowledge.  I understand that any false or misleading information may result in the disqualiﬁcation of this application. That will make my child ineligible for admission or be subject for dismissal. if my child is admitted, I agree to abide by the policies, rules and regulations of the program.  For and in behalf of (Child’s name), I declare and conﬁrm that, and of would make of my own volition, I submitted and may submit, necessary and needed information and/or documents  to GLEAMSY HOPE AND SKILLS FOUNDATION (GHASF), with the intention of applying, and if qualiﬁed, to received and acknowledged the support oﬀered to my child.  In this regard, I acknowledge and understand that GHASF needs my person and child’s sensitive information (collectively “information”), so that it may, among others, verify our identity, evaluate the child’s academic requirements and eligibility, evaluate the child’s academic performance, and to enable GHASF to communicate eﬀectively with us.  I acknowledge and agree that GHASF may disclose my information with my consent, or when so required, or when so allowed by the relevant law, rules and regulations; and may use or store my information with appropriate security measures for such period of time as my information may be needed by GHASF and in accordance with relevant laws.  I also understand that I have the following rights with respect to my information by notifying GHASF in writing:  a) Inquire about, request to review or for a copy of our information; b) Update Information; c) Terminate the collection, use or processing or to delete our information, apart from the group photos on GHASF, in which child apears.  We may refuse to provide GHASF our information, or oppose its collection, recording, use, processing and storage but this would mean that GHASF will not be able to meet its purpose for collecting our information. We are aware that if we have any questions regarding the use and disclosure of our information, including withdrawal of our consent, we may contact gleamsyhopefoundation[@gmail.com.](mailto:%20eduforall.info@gmail.com.)  By signing below, I acknowledge that I have read and understood this document, and that I am willingly giving my consent to the collection, recording, use, processing, storage, sharing and transmission my child’s information, video, data or Document, that I have provided and may provide to GHASF, as permitted by relevant data protection laws in the Nigeria.  Child’s Name and Signature Parents/Guardian Name and Signature  Date: Date: |
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| FOR OFFICIAL USE ONLY |
| Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Application Status: Approved Pending Not Approved |
| Approved Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Additional Notes: |
| Authorized Oﬃcer’s Name: |
| Signature: |