

**Sanctified Mount Zion Church**

**Scholarship & Educational Support Program**

**Application Form**

📅 **Year of Application:** \_\_\_\_\_\_\_\_\_\_\_\_

**SECTION A: PERSONAL INFORMATION**

* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Birth (DD/MM/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Gender: ☐ Male ☐ Female
* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B: CHURCH INFORMATION**

* Are you a registered and active member of SMZC Ikot Eka Edem Assembly? ☐ Yes ☐ No
* How long have you been a member? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Ministries/Departments you participate in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are you/your parents regular tithers? ☐ Yes ☐ No

**SECTION C: ACADEMIC INFORMATION**

* Current Level of Study: ☐ Secondary School ☐ Vocational/Technical School ☐ Tertiary Institution
* Name of School/Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Course of Study (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Current Class/Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Matric/Admission/ID Number (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Academic Performance (last result attached): \_\_\_\_\_\_\_\_\_\_\_\_

**SECTION D: FINANCIAL INFORMATION**

* Annual School Fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Amount Already Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Amount Requested as Support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other Sources of Support (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION E: DECLARATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby declare that the information provided in this application is true and correct. I understand that any false information may result in disqualification.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION F: RECOMMENDATION (To be completed by Church Group Leader)**

* Name of Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Position in Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Comment on Applicant’s Character, Commitment, and Need:

Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

✅ **Checklist of Attachments (to be submitted with form):**

* Copy of last academic result.
* Admission letter / School ID card.
* Recommendation letter (if required).