Ref.no\_\_\_\_\_

**APPLICATION FORM**

**FOR AFHIL UNIVERSITY FUND**

**Required documents:**

1. Photocopy of ID

2. One recent photograph

3. Letter of acceptance from the university

4. The grades of last two years

5. Statement of fees

6. Recommendation: Name two community workers (Social Figures or Clergyman)

Not related to the applicant.

1. The above mentioned documents must be either original or certified photocopies
2. **The committee will study your application only when your file is complete**

plea

Please affix

Photo here

1. PERSONAL PARTICULARS

Last name (as in ID) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth\_\_\_\_\_\_ (dd) \_\_\_\_\_\_\_ (mm) \_\_\_\_\_\_\_ (yy) Gender: Male\_\_ Female\_\_

Nationality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/city: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime telephone no\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently have a job? Yes no if yes:

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Monthly Income: \_\_\_\_\_

1. FAMILY DETAILS
2. Total family members:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Details of parents

|  |  |  |
| --- | --- | --- |
|  | Father | Mother |
| Name |  |  |
| Date of birth |  |  |
| Occupation |  |  |
| Income per month |  |  |
| Additional income per month |  |  |
| Add. &phone of workplace |  |  |
| Total income per month |  |  |
| Medical Cover (NSSF or Insurance) |  |  |

c) Siblings Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Siblings who are single & working | | | | | |  |
| Name | Age | Occupation | Name of Company | Telephone no. | Monthly income | Monthly contribution to family |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Siblings who are married & working | | | | | |  |
| Name | Age | Occupation | Name of Company | Telephone no. | Monthly income | Monthly contribution to family |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Siblings who are currently pursuing their education | | | | |
| Name | Age | Gender | Name of School or University | Source of Financial Support |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Other Dependants | | | | |
| Name | Age | Gender | Relationship | Source of financial support |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Handicapped sibling(s) (please attach supporting documents)

|  |  |
| --- | --- |
| Name: | Name: |
| Age: | Age: |

FAMILY INCOME STATUS

1. Total annual income of the family:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Other properties: owned by the family:\_\_\_Yes \_\_No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Family Expenditures

|  |  |
| --- | --- |
| Type of expenditure | yearly |
| 1)house \_\_\_owned \_\_\_rented  in case rent, house installments rental |  |
| 2)\* no. of cars owned :( )  \*car model and year( ) |  |
| 3)Electricity bill+ Water bill+ Telephone bill + Taxes |  |
| 4)Educational expenses |  |
| 5)Nutrition expenses |  |
| 6)Medical expenses |  |
| 7)Other expenses |  |
| 8)**Total expenditures** |  |

3. ACADEMIC BACKGROUND OF THE APPLICANT AND SIBILINGS

**A)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | List the name of schools attended: | Year Began | Year Ended | Year Graduated(if applicable) | Type of Degree received(if applicable) |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| C. |  |  |  |  |  |
| D. |  |  |  |  |  |
| E. |  |  |  |  |  |

B) University of enrollment

Name of university: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration: form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/yy) to\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/yy)

Major Field of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition per semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID No.\_\_\_\_\_\_\_\_\_\_\_\_\_Cumulative GPA :\_\_\_\_\_\_\_\_\_\_\_\_( on a 4.0 scale) (if app.)

Current Academic Rank (circle):

Freshman sophomore Junior Senior Masters level Technical school student

Medical school student (year\_\_\_\_\_) nursing school student (year\_\_\_\_) other: \_\_\_\_\_\_\_

Anticipated date of graduation :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( mm/yy)

Have you ever received fund from AFHIL for the past 3 years?

If yes:

|  |  |  |
| --- | --- | --- |
| Amount received | Date |  |
|  |  |  |
|  |  |  |
|  |  |  |

4. OTHER MATTERS

List your community service activities, membership, hobbies, outside interests and ambitions

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. RECOMMENDATION: name of 2 references not related to the applicant (will be contacted by the committee)

6. STATEMENT OF ACCURACY

I hereby confirm that all my declarations and answers to the foregoing questions on the previous pages were completed by me and are, to the best of my knowledge and belief, true, complete and correct. I authorize investigation of all statements contained herein. I further understand that any error mispresentation or omission made on this form may lead to the rejection of my application or withdrawal of my scholarship.

I further declare that in the future I will help financially needy students of my community.

Signature of applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_