



**INSTRUCTION:**

Kindly complete this form and submit to: [scholarship@eraf.org.ng](mailto:scholarship@eraf.org.ng). Remember to share a one-minute video on your social media, tagging ERA Foundation's official pages as mentioned on our website. Please note that failure to comply with these guidelines will result in automatic disqualification of your application.



## SCHOLARSHIP APPLICATION FORM

FULL NAME OF SCHOOL

GEO-POLITICAL ZONE OF NIGERIA

WHAT'S YOUR ZONE:

SUBMISSION DATE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

### PERSONAL INFORMATION

Name of Student:

Gender :

Male

Date of Birth :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Female

State of Residence

Contact Address

State of Origin :

Nationality :

Parent E-Mail :

Parent Phone :

### PARENTS / GUARDIANS

NAME OF PARENT / GUADIAN

WORKING?

YES

NO

Current School fees (₦)

Student Class :

Student Grade:

(JSS3)

Relationship to Applicant

**Declaration:**

I hereby certify that all information provided in this application form is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in the disqualification of my application.

Signature:

Date: