



# FRIENDS OF OUR VISION

## SCHOLARSHIP APPLICATION 2023

Please <b>type</b> your answers.	
1.	Last Name: _____ First Name: _____
2.	Mailing Address House Number: _____ Street: _____ City: _____ Region: _____ GPS: _____
3.	Telephone Number (s): _____ Email Address: _____
4.	Date of Birth:   Month                   Day                   Year                   Gender: _____
5.	West African Senior School Certificate Examination (WASSCE) Results: Attach Copy (Best Six Grades Required)  Subject _____ Grade _____  1.  2.  3.  4.  5.  6.
	Are you the first person in your family to go to college:   YES ____   NO ____
7.	Name and location of High School attended: _____
8.	A. List any academic honors, awards and membership activities while in high school:  B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:  C. List your non-school sponsored volunteer activities in the community:

9.	The name of the college you have been admitted into:		
	Name	Location (City)	Region
10.	Is your <u>parent or legal guardian</u> in an employment?    Yes _____    No _____		
11.	List Family Gross Annual Income: Ghc		
	From Official Pay Slip		
	From other business Activities		
12.	His/her full name:		
13.	Name & address of parent(s) or legal guardian(s): <b>(Include address if different than your own listed in Question 2.)</b>		
	Name(s):		
	House Number:		
	Street:		
	City:	Region:	GPS:
	Telephone of parents or legal guardians:		

**14. On a separate sheet please write an essay (250 - 500 words):**

A one-page letter of motivation including your educational and professional goals

**STATEMENT OF ACCURACY FOR STUDENTS**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the Organization's scholarship programme. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, I must be present at any potential awards ceremony, surprise, or reception to receive my scholarship award.

I hereby understand that if chosen as a scholarship winner, it is my responsibility to remit to the Organization the appropriate information for my scholarship to be paid directly to my educational institution.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship programme and that I support this application to Friends Of Our Vision (FOOV).

Name of Guidance Counselor submitting the application: \_\_\_\_\_

High School: \_\_\_\_\_

Contact information (email and Telephone): \_\_\_\_\_

**Signature of Guidance Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Checklist

- Application
- Essay
- Guidance Counselor signature
- School Terminal Reports

**MAIL VIA EMS COMPLETE APPLICATION PACKAGE TO THE ORGANIZATION AT:**

**Friends Of Our Vision  
26 Asafoatse Odonkor Street  
Achimota  
Accra  
Greater Accra Region**

**P.O. Box 6976  
Accra North  
Accra**

**REMINDER:**

**The deadline for this application to be received by the FOOV is:  
August 31, 2023 at 4:00 p.m. NO EXCEPTIONS!**

Please submit any questions to: [info@foov.org](mailto:info@foov.org)