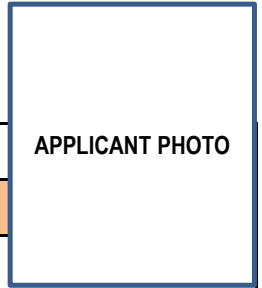


NORTH GUJARAT ASSOCIATION UGANDA - NGO Reg. No:10976**SMILE FOREVER PROJECT****SCHOOL FEES / SCHOLARSHIP APPLICATION FORM**

FRESH:	RENEWAL:	APPLICATION DATE:		APPLICANT PHOTO
APPLICANT DETAILS:				
FIRST NAME		MIDDLE NAME	SURNAME	
APPLICANT NAME				
GENDER:	MALE	FEMALE	DATE OF BIRTH:	
RELIGION:	SPECIAL CATEGORY			
MOBILE NO:	EMAIL:			
NATIONAL ID NO:	DISABLED:			
ADDRESS:				
APPLICANT PREQUALIFYING DETAILS				
LAST ATTENDED SCHOOL/COLLEGE/INSTITUTE:				
LAST EXAM PASSED:		LAST EXAM % :		
LAST EXAM PASSES YEAR:		LAST EXAM MARKS:		
APPLYING SCHOOL FEES / SCHOLARSHIP DETAILS:				
APPLIED SCHOOL/COLLEGE/INSTITUTE:				
APPLIED COURSE :		APPLIED ACADEMIC YEAR:		
APPLIED SCHOOL FEES / SCHOLARSHIP AMOUNT:				
REASON FOR SCHOOL FEES / SCHOLARSHIP:				
PARENT / GARDIAN INFORMATION:				
PARENT / GARDIAN NAME:				
GEN DER:	MALE	FEMALE	DATE OF BIRTH:	
RELIGION:	RELATIONSHIP WITH APPLICANT:			
MOBILE NO:	PHONE NO:			
NATIONAL ID NO:	EMAIL:			
MARITAL STATUS:	NO. OF PEOPLE IN HOUSEHOLD:			
ADDRESS:				
EMPLOYER:				
EMPLOYER ADDRESS:				
JOB TITLE:		MONTHLY INCOME:		
PARENT / GARDIAN ANNUAL INCOME:				

NORTH GUJARAT ASSOCIATION UGANDA - NGO Reg. No:10976

SMILE FOREVER PROJECT

SCHOOL FEES / SCHOLARSHIP APPLICATION FORM



DECLARATION:

I Mr./Mrs./MS _____ hereby Certify that the informations true and complete.

PARENT / GARDIAN NAME:

APPLICANT NAME:

PARENT / GARDIAN SIGNATURE:

APPLICANT SIGNATURE:

DATE:

DATE:

FOR OFFICIAL USE ONLY

RECOMONDATION PERSON FROM NGA:

TYPE OF EFICIANCY SEEN BY MEMBER:

SCHOOL FEES/ SCHOLARSHIP AWORDED AMOUNT:

REMARKS

APPROVED BY

CHAIRMAN
SMILE FOREVER

SECRETORY
SMILE FOREVER

CHAIRMAN
NGA

SECRETORY
NGA

TREASURER
NGA

NAME

SIGN

DATE: