



Sunday July 2, 2017

## APPLICATION FOR CONTINUED EDUCATIONAL ASSISTANCE

PERSONAL DATA (Any changes since last year? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Name (Last, Middle, First)		Date of Birth (MM/DD/YYYY)	
Current Address		Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Phone		Current School	
E-mail		Current grade/Admission No.	
Principal's Name		Principal's Phone Number	
FAMILY BACKGROUND (Any changes since last year? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Father's/Male Guardian's Name		Mother's/Female Guardian's Name	
Place of work/Occupation		Place of work/Occupation	
Job title		Job title	
Ethnicity		Ethnicity	
Current Address		Current Address	
Phone /E-mail		Phone /E-mail	
Number of Siblings		Older sibling name and age	
Younger sibling's name and age		Number attending high school/college	
ACADEMIC RECORDS (Please write N/A in all fields that do not apply)			
Current %age average in class		If in JSS1 – JSS3, name of last primary school	
Overall position in class		Selective Entrance Grade	
Current grade %age average i		Name of Principal	
Overall position in grade level		Phone number	
Where do you see yourself at the end of High School	<input type="checkbox"/> College <input type="checkbox"/> Technical Institute <input type="checkbox"/> Other	If in SSS1 – SSS4, name of last JSS	
Leadership Drive	<input type="checkbox"/> Strong <input type="checkbox"/> Medium <input type="checkbox"/> Low	Highest Grade obtained BECE	
Motivation Drive	<input type="checkbox"/> Strong <input type="checkbox"/> Medium <input type="checkbox"/> Low	Name of principal	
Do you believe in helping others	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Not sure	Phone number	
Are you willing to volunteer in your school, other school or the community	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any physical disability	<input type="checkbox"/> Yes <input type="checkbox"/> No



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## AGREEMENT

1. I agree that the above information is true and accurate about me.
2. I agree to provide a page long statement of my participation in school, study group, extracurricular activities in 2016-17. In addition, how I helped others, and Gave Back to remain in compliance with E&I 360 goals
3. Any falsification in the application for continued assistance will result in immediate termination of all benefits.
4. By submitting this application, you authorize E & I 360 to make inquiries about your results and other information to prior schools/examination bodies and any other authorities in order to validate their authenticity.

## SIGNATURES

Applicant Signature		Principal Signature	
Full Name		Full Name	
Date		Date	