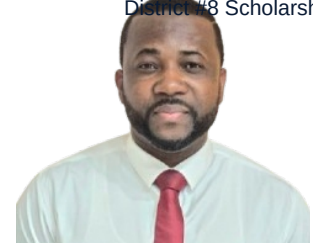


DISTRICT #8

UNIVERSITY SCHOLARSHIP

APPLICANT PROFILE FORM

Montserrado County, Liberia



Date: _____

IMPORTANT: This scholarship programme is exclusively for residents of District #8, Montserrado County. Required fields are marked with an asterisk (*).

1 PERSONAL INFORMATION

Applicant full name *

Gender *

☐ Male ☐ Female

Date of birth *

Day _____ Month _____ Year _____

Phone Number *

Email *

Passport photo

Attach one recent passport-size photograph in the space below.

**PASSPORT
PHOTO**

2 RESIDENCY

County

Montserrado County (automatically recorded)

District

District #8 (automatically recorded)

Residential community *

Full name *

Relationship *

Phone number *

Alternative phone

Email (optional)

Occupation *

Residential address *

Emergency contact name *

Emergency contact phone *

University name *

Student ID *

Program of study *

Faculty *

Department *

Current level *

Current GPA (0–4) *

Expected graduation year *

Current semester *

4**APPLICANT DECLARATION**

I declare that the information provided in this form is complete and accurate to the best of my knowledge. I understand that false, misleading, or incomplete information may result in disqualification from the scholarship programme. I authorize the District #8 Scholarship Program to verify the information and documents submitted.

Applicant name *

Applicant signature *

Date *

Day _____ Month _____ Year _____

5**PARENT / GUARDIAN CONSENT**

I confirm that I am the parent or legal guardian named in this form. I consent to the applicant's participation in the scholarship application process and authorize verification of the information provided.

Parent / Guardian name *

Signature *

Date *

Day _____ Month _____ Year _____

Application Reviewer

Date received

Documents checked by

Residency verified

☐ Yes ☐ No ☐ Pending

Profile status

☐ Complete ☐ Incomplete ☐ Requires Follow-up

Officer remarks

Officer name and signature

END OF FORM