DISTRICT #8

VOCATIONAL SCHOOL 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 *	

3 PARENT / GUARDIAN INFORMATION (IF APPLICABLE)

Full name

Relationship

Phone number

Alternative phone

Email (optional)

Occupation

Residential address

Emergency contact name

Emergency contact phone

4 VOCATIONAL/ TVET: EDUCATION INFORMATION

Institution name *

Student ID (If Applicable)

Program of study *

Course name *

Training duration (months) *

Expected graduation date *

5 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 _____

6 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 _____

7 FOR OFFICIAL USE ONLY

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