

Form No.....



**FORTRESS OF HOPE EDUCATIONAL AND YOUTH  
DEVELOPMENT FOUNDATION**

**(A Non-Governmental Organization registered in Nigeria)**

Vision: ...to give unto them beauty for ashes and the oil of joy for mourning ...(Isaiah 61:3)

**Scholarship Scheme for Students in Secondary and Tertiary Institutions**  
**FORM A1: 2017/2018 Biodata Capture Form for Successful Applicants**  
**(Secondary School Category)**

INSTRUCTIONS: To be completed in BLOCK LETTERS with pen.

**SECTION A: PERSONAL DETAILS**

NAME: \_\_\_\_\_  
(SURNAME) (OTHER NAMES)

SEX: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

STATE OF ORIGIN: \_\_\_\_\_ LGA \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

TELEPHONE NO (PARENT/GUARDIAN) \_\_\_\_\_ EMAIL \_\_\_\_\_

**SECTION B: EDUCATIONAL DETAILS**

NAME OF CURRENT INSTITUTION: \_\_\_\_\_

ADDRESS OF INSTITUTION: \_\_\_\_\_

PRESENT CLASS: \_\_\_\_\_ EXPECTED YEAR OF GRADUATION \_\_\_\_\_

NAME OF PRINCIPAL \_\_\_\_\_

PHONE NO & EMAIL OF PRINCIPAL \_\_\_\_\_

**SECTION C: PARENT BANKING/PAYMENT DETAILS**

ACCOUNT NAME \_\_\_\_\_

NAME OF BANK \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

AMOUNT TO BE PAID FOR THE SESSION (2017/2018) \_\_\_\_\_

OTHER RELEVANT INFORMATION/MODE OF  
PAYMENT \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**SECTION D: TO BE COMPLETED BY HEAD OF SCHOOL/DEPARTMENT**

(Dear Sir, Kindly comment about the above named student's academic standing and behaviour. Thank you)

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**NAME OF PRINCIPAL** **SIGNATURE, STAMP & DATE**

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**SECTION E: OFFICIAL USE ONLY**

REMARKS: 

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SIGNATURE AND DATE 

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NOTE: Scan this form to us via email after completion.

