



**SCHOLARSHIP APPLICATION**  
SPONSORED BY PACE ACADEMY FOUNDATION: SCHOLARSHIP PROGRAM

Date of Submission (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

**I. Personal Information**

Name: \_\_\_\_\_  
First Last

Date of Birth (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_  Male /  Female

**II. Home Address**

Address: \_\_\_\_\_  
Village Traditional Authority T/A District Box Address

Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_ Email: \_\_\_\_\_

**III. School Information**

I am currently in Form:      1      2      3      4

Secondary School name: \_\_\_\_\_ School fee amount per term: MKW \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_  
Student's Signature Guardian's Signature

X \_\_\_\_\_ X \_\_\_\_\_  
Pastor's Signature (above) & Stamp (below) Headteacher's Signature (above) & Stamp (below)

*\*If stamp not available, please write in Pastor's name, church name, and address inside the box.*

*Headteacher: Why do you recommend this student to receive PAF scholarship assistance? Please tell us about this student's qualities and school fee payment situation.*

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-----**Do not mark bottom section under the line. This is left for PAF Scholarship program to fill out after assessment.**-----

Received by \_\_\_\_\_ (Mentor Name) \_\_\_\_\_ (Mentor Signature) \_\_\_\_\_ (Region Number)

Interview completed \_\_\_\_ (Mentor initial)     Highly Recommend     Recommend     Do not Recommend

Approved by \_\_\_\_\_ (Student Administrative Manager) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date sent to U.S. Office \_\_\_\_/\_\_\_\_/\_\_\_\_     PACE 4 HOPE     PACE 2 HOPE