



SCHOLARSHIP APPLICATION
SPONSORED BY PACE ACADEMY FOUNDATION: SCHOLARSHIP PROGRAM

Date of Submission (DD/MM/YYYY): _____/_____/_____

I. Student Information

Name: _____
First Last

Date of Birth (DD/MM/YYYY): _____/_____/_____ Male / Female Contact #: _____

II. Home Address

Address: _____
Village Traditional Authority T/A District Box Address

III. Guardian Information

Name: _____ Relationship to Student: _____ Contact #: _____

IV. School Information / Boarding Verification

Secondary School name: _____ Current Form: _____ in School Year: _____

Day Boarding School fee amount per term: MKW _____ Distance from Home: _____ km

V. Headteacher Information

VI. Home Church Verification

Headteacher Name

Church Name

Village Name

Contact Number

Pastor Name

Contact Number

When did the student start attending this church? Year: _____

Why do you recommend this student to PAF scholarship?

Month: _____

Headteacher:

Pastor:

I hereby certify that the above information is true and correct:

X _____

Signature (above) & Stamp (below)

[Signature and Stamp Box]

X _____

Signature (above) & Stamp (below)

[Signature and Stamp Box]

**If stamp is not available, please write church address inside the box.*