



# BABS & FRIENDS CARE FOUNDATION

## SCHOLARSHIP APPLICATION FORM FOR NUR./PRIMARY, SECONDARY & TERTIARY

PLEASE  
AFFIX  
YOUR  
PASSPORT

### PERSONAL DATA

Full Name \*

First Name Middle Name Last Name

Birth Date \*

Day Month Year

Place of Birth \*

LGA of Origin \*

State of Origin \*

Home Address \*

Phone Number \*

Email \*

Father's Name \*

Mother's Name \*

Next of Kin \* .....

Next of Kin Phone No.\* .....

Next of Kin Email .....

Next of Kin Address .....

Means of Identification \*  Voter's Card  National ID  Others Specify

### EDUCATIONAL QUALIFICATIONS

NAME OF NUR/PRI. SCHOOL: .....

ADDRESS OF SCHOOL: .....

Date Enrolled:

Year of Completion:

**SECONDARY SCHOOL DETAILS:**

**NAME OF SCH.:** .....

**ADDRESS OF SCHOOL:** .....

Date Enrolled:

Year of Completion:

**O'LEVEL RESULT**

S/N	SUBJECT	GRADE	EXAMINATION NO.	YEAR OF EXAMS
1				
2				
3				
4				
5				
6				
7				
8				
9				

ND Reg. Number

Name of School

Course of Study

Grade\*

Year \*

Jamb Reg. No. \*

Course of Study \*

Course Duration \*

Name of Institution \*

Year of Admission \*  Level

Means of Identification \*  Voter's Card  National ID  Others Specify

**N/B: I hereby give my consent to Babs and Friends Care foundation to use my photos, videos, and any other materials related to this scholarship benefits for the exclusive purpose of the foundation website and other social media handles.**

.....  
**Name of Applicant/Signature**

.....  
**Date**

---

**For Official Use Only**

Form Number

Date

Form Checked by .....

Authorize By .....

Signature .....