

## Scholarship Application Form for Children with Special Needs

Scholarship for Children with Special Needs (Ages 3–21) **Application Deadline: 21<sup>st</sup> March 2025**

---

### Section 1: Child's Information

1. **Full Name of Child:** \_\_\_\_\_
2. **Date of Birth:** \_\_\_\_\_
3. **Age:** \_\_\_\_\_
4. **Gender:**
  - Male
  - Female
5. **Current School/Institution Name:** \_\_\_\_\_
6. **Grade/Class Level:** \_\_\_\_\_
7. **Type of Institution:**
  - Academic Institution
  - Skill Acquisition Center
  - Other (Please specify): \_\_\_\_\_

### Section 2: Special Needs Information

8. **Confirmed Special Need(s):** (Please tick all that apply)
  - Dyslexia – Difficulty reading or recognizing words.
  - Dyscalculia – Difficulty understanding numbers and math.
  - ADHD (Attention Deficit Hyperactivity Disorder) – Trouble focusing, sitting still, or following instructions.
  - Autism Spectrum Disorder (ASD) – A condition that affects communication and social skills.

- Down Syndrome – A genetic condition that causes learning delays and distinct facial features.
- Intellectual Disabilities – Difficulty learning and understanding at the same level as peers.
- Sensory Disability
- Other (Please specify):  
\_\_\_\_\_

9. **Date of Diagnosis:** \_\_\_\_\_

10. **Name of Diagnosing Professional/Institution:** \_\_\_\_\_

11. **Brief Description of Child’s Learning Abilities:** (To be completed and signed by a teacher or instructor, PLEASE ATTACH INSTRUCTORS FULL OFFICIAL CONTACT DETAILS)

---

---

---

---

**Section 3: Parent/Guardian Information**

12. **Full Name of Parent/Guardian:** \_\_\_\_\_

13. **Relationship to Child:** \_\_\_\_\_

14. **Contact Information:**

○ Phone Number:  
\_\_\_\_\_

○ Email Address:  
\_\_\_\_\_

○ Home Address:  
\_\_\_\_\_

15. **Proof of Financial Need:** (Attach relevant documents, e.g., income statement, letter from social worker, etc.)

- Attached

#### **Section 4: Supporting Documents**

Please ensure the following documents are attached to this application:

- Proof of enrollment in an academic institution or skill acquisition center.
- Medical report or professional assessment confirming the child's special needs.
- Statement from the child's teacher or instructor highlighting their ability to participate in the learning process.
- Proof of financial need (e.g., income statement, letter from social worker, etc.).

#### **Section 5: Declaration**

I, \_\_\_\_\_ (Parent/Guardian Name), hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false information may result in disqualification from the scholarship program.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### **Submission Instructions**

1. Complete all sections of the form.
2. Attach all required supporting documents.
3. Submit the application form and documents via:

**In-Person: at Plot 8, Block 116, Akiogun Street, By Bosun Adekoya Road, Lekki, Lagos.**

For inquiries, please contact:

**Dr. Soibi Godwin-Clark @ +23417004711**

---

**Note: PLEASE DOWNLOAD THIS FORM AND SUBMIT WITH YOUR APPLICATION IN HARD COPY.** Photocopies of documentation are acceptable for application purposes, however originals will need to be cited and verified at the point of accepting the scholarship offer. Incomplete applications or applications submitted after the deadline will not be considered.