

Advocacy for Children Media Education in West Africa (ACME WA)



Scholarship Form

Please complete and Print this form and return it to the office

Student Information ☐ First time in school ☐ Drop out student ☐ Have you received tuition assistance from ACMEWA before/If yes, when Student Name: Date of Birth: ☐ Female ☐ Male County/Province: Community Address: Email Adress: Phone Number: Country: **Academic information** School name: Community Address: County/Province: Country: Email Adress: Phone Number: 2nd Semester Tuition: 1st Semester Tuition: Previous Class: Current Class: Yearly Tuition: Start date: End date: Parent/Guardian 1 Name: Relationship: Community Address: County/Province: Country: Email Adress: Phone Number: Parent/Guardian 2 Name: Relationship: Community Address: County/Province: Phone Number: Country: Email Adress:

Note: ACMEWA wishes to assist every child who completes this form in receiving their education tuition. We are advocating for more sponsors to assist the organization in meeting its objectives. However, the forms are chosen at random for the children who will be sponsored through primary school. ACMEWA will require a passing grade from each student in order to keep the program running, so completing this form does not guarantee your child a scholarship.

"Charity Never Failed"