

## HORIZON EDUCATIONAL CONSULTANCY APPLICATION FORM

## **Personal Information**

1+1 P II II
First / given Name Lette Sethelhem
Middle Name Melcomme
Last /family / surname <u>tentaw</u>
Date of birth from Month /Day/ Year 2 16 1997
Parent information
Parent 1 Parent 2
First/given name Mecounen Meseure
Middle name (enter Bikila
Last / Family / Surname As faw Salcha.
Father occupation
Father education status
Most recent secondary school name <u>Swall Higher</u> 23,
Date of Entry to school
Do you graduated from this school 2014
Graduating GPA ?
Major you want to study <u>Eugenering managent</u> , engeneving related
Phone number +2519 11573438, 0913673987.
Email Address Mexannen betio 08 @ gna: Lcom
Do you have cosigner?
I assure that the above information is true and correct to start the application process.
Signature 313 Date 02/08/2023,