



HORIZON EDUCATIONAL CONSULTANCY

APPLICATION FORM



Personal Information

First /given Name Teomesen
Middle Name Mekonnen
Last /family / surname fentaw
Date of birth from Month /Day/ Year / /

Parent information

Parent 1

First /given name Mekonnen
Middle name fentaw
Last /Family /Surname Asfaw
Father occupation
Father education status

Parent 2

Wesen
Bibila
Belche

Most recent secondary school name My challenge
Date of Entry to school
Do you graduated from this school
Graduating GPA ?
Major you want to study , ,

Phone number +251 921411900 , 0944180938 , 0911573438

Email Address

Do you have cosigner?

I assure that the above information is true and correct to start the application process.

Signature

Date 20/12/23