Application Form

BNB Learning Center – Transforming Futures Through Girls' Education

| Applicant Information | | | |
|---|---|--|-------------------------|
| Full Name of Applicant: | | | |
| Date of Birth (DD/MM/YYYY): | | | |
| | | | Name of Current School: |
| Region/Woreda/Kebele: | | | |
| Preferred Contact Number (Student or Parent): | _ | | |
| Email Address (if available): | - | | |
| Parent/Guardian Information Full Name of Parent/Guardian: Relationship to Applicant: Occupation: Monthly Household Income (optional): Phone Number: Alternative Contact Person: | - | | |
| Seademic Background | | | |
| Name of Last School Attended (if different): Year Completed: | | | |
| List Last Year's Grades in Core Subjects (Math, English, Science, etc.): | | | |
| Subject Grade (%) | | | |

| English | |
|------------------------------|--|
| Science | |
| Others: | |
| Applica n 4–6 sent | sonal Statement (To be completed by the ant) ences, tell us why you want to receive the GAP Bright Girls Scholars our dreams? How will education help you achieve them? |
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| | |
| lave you l | dership, Community, and Character neld any leadership roles or participated in community service? scribe any activities, clubs, or volunteer work you have done. |

Nequired Attachments (Please check each item as included)

- Most recent school report card or academic transcript
- A brief **personal essay** (max 500 words)
- Copy of parent/guardian ID
- (Optional) Letter of recommendation from teacher/community leader

Declaration and Signature

I hereby declare that the information provided is **true and complete** to the best of my knowledge. I understand that incomplete or inaccurate applications may not be considered.

| Date: |
|-------|
| Date: |
| |
| |

Submission Instructions

Please return this completed application to the BNB Admissions Office or email it to scholarships@bnblearning.com by August 15, 2024.

For questions, call: +251 9XX XXX XXX

Visit us: www.bnblearning.com/gap-scholarship