

(SKETCH A DIRECTIONAL MAP TO THE HOME FROM THE NEAREST LANDMARK)

Part D: How did you first learn about the *Wings to Fly* scholarship program?

(Please mark only one)

- Equity Bank Branch (specify location)
- Equity Agent (specify location)
- School – teacher, principal or counselor (list name)
- Church, mosque, synagogue (specify name)
- Friends, parent, guardian or relative
- Internet (specify site)
- Radio, TV (specify)
- Newspaper, magazine (specify)
- Social networks such as Facebook, Twitter, Myspace (specify)
- Others (specify): _____

PART E: DECLARATIONS

APPLICANT’S DECLARATION

I, _____ declare that the information given above is true to the best of my knowledge and I am aware that giving false representation will mean that my application will not be considered and will lead to automatic disqualification. I authorise Equity Group Foundation or its representatives to obtain such additional information concerning my educational program and financial records as needed to complete this scholarship application. I also authorise Equity Group Foundation and its representatives to communicate and release information to others who are involved in making decisions relating to my educational plans including and not limited to my previous and future schools, referees named in this form and the Ministry of Education. In the event I win the scholarship, I commit myself to working hard and posting excellent results throughout my secondary school course.

Signature: _____

Date

D	D	M	M	Y	Y	Y	Y
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PARENT’S/GUARDIAN’S DECLARATION

I confirm that the above information is true to the best of my knowledge and I am aware that giving false representation will mean that the application will not be considered and will lead to automatic disqualification. On behalf of my child, I authorise Equity Group Foundation or its representatives to obtain such additional information concerning this applicant’s education and financial records as needed to complete this scholarship application. I also authorise Equity Group Foundation and its representatives to communicate and release information to others who are involved in making decisions relating to this applicant’s educational plans including and not limited to their previous and future schools, referees named in this form and the Ministry of Education.

Parent/Guardian Name _____

Signature: _____

Date

D	D	M	M	Y	Y	Y	Y
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If you wish to provide additional information, please attach a separate piece of paper.