

Ebenezer School

Giving education. giving hope

P. O. Box 670471, Mazabuka, Zambia

info@ebenezerschools.com

Personal Information for Ebenezer Award Application

Name of award for which you are applying: _____

Student Number _____

Last Name _____

First Name _____

Date of Birth _____

Address _____

Parent\Guardian Information for Ebenezer Award Application

Last Name _____

First Name _____

Date of Birth _____

NRC No. _____ / _ / _

Work Place _____

Occupation _____

Phone Number _____

eMail Address _____

Class Teacher/Principal Reference for Ebenezer Award Application

Last Name _____

First Name _____

Teacher Comments: _____

Signed by Class teacher/principal:

Date ____ day of ____ in 20____
day month year

Additional Information for Ebenezer Award Application

Please include any additional information you would like us to be aware of as part of the selection process

I certify that the information provided above is complete and accurate. I understand that the information provided above will be used for award selection and will be provided to the award committee or donor.

Signatures for Ebenezer Award Application

Student : _____

Date ____ day of ____ in ____

Parent/Guardian : _____

Date ____ day of ____ in ____
Day month year