



**GLOBAL VISION SUPPORT  
INTERNATIONAL FOUNDATION**



27, Temidire Street, Behind Ilisan Market,  
Ilisan-Remo, Ogun State, Nigeria.



+234 803 600 9740, +234 708 775 0228



Support@globalvisionsupport.org; gvsif2018@gmail.com  
info@globalvisionsupport.org; www.globalvisionsupport.org

## SCHOLARSHIP APPLICATION FORM

Name of Institution	Course of Study	
Family Name	Middle Name	
Gender	Other Name	
Date of Birth	Marital Status	
Nationality	Native Language	Passport
Country of Birth	City of Birth	Religion

Permanent Contact Tel.	Permanent Contact Fax	Permanent Contact Email
------------------------	-----------------------	-------------------------

Permanent Contact Address
---------------------------

Parents Contact Tel.	Parents Contact Fax	Parent Contact Email
----------------------	---------------------	----------------------

Permanent Contact Address
---------------------------

### Education Background:

#### Higher Diploma

Institution	
Years Attended	Field of Study
Certificate Attained	

#### Other Certificate

Institution	
Years Attended	Field of Study

**REFEREES**

1. Name: _____	2. Name: _____
Address: _____	Address: _____
Status: _____	Status: _____
Phone: _____	Phone: _____

**PARENTAL ATTESTATION**

---

---

---

---

**APPLICATION REQUIREMENTS**

1. Completed Global Vision Support International Foundation (GVSIF) Scholarship application form
2. Admission Letter
3. 100 level result
4. Letter of personal vision and why scholarship is essential
5. Recommendation letters from the Referees

**COMMITMENT**

**PAY IT FORWARD**

In accepting the Global Vision Support International Foundation (GVSIF) scholarship, I \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ hereby promise to support three (3) individuals to achieve what Global Vision Support International Foundation (GVSIF) has supported me to achieve. So help me God.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date