

ARISE HER

Girl Child Education & Empowerment Program
SCHOLAR APPLICATION FORM — 2026 INAUGURAL COHORT
Startup Business Foundation | Imo State, Nigeria

Application Number (Office use only):

Date of Application:

**Passport
Photograph
(Attach here)**

INSTRUCTIONS — PLEASE READ BEFORE FILLING

1. Complete ALL sections clearly using a blue or black pen.
2. Write in BLOCK LETTERS throughout.
3. Do NOT leave any section blank — write 'N/A' if a question does not apply.
4. Attach photocopies of your last two school report cards at the back.
5. Attach one recent passport photograph in the box above.
6. A parent or guardian MUST complete and sign Section F.
7. Your class teacher or head teacher MUST complete and sign Section G.
8. Incomplete or unsigned applications will NOT be considered.
9. Submission deadline: As communicated by your school liaison officer.

SECTION A — APPLICANT'S PERSONAL DETAILS

Surname (Family Name):

First Name:

Middle Name:

Date of Birth (DD/MM/YYYY):

Age:

Class / Year:

Home Address (House No., Street, Community):

LGA of Residence:

State of Origin:

Religion (optional):

Applicant's Phone (if available):

Parent / Guardian's Phone Number:

SECTION B — SCHOOL INFORMATION

Full Name of School:

School Address:

LGA of School:

School Type:

Public / Government Private Mission / Faith-based

Student Admission Number:

Current Class:

Name of Class Teacher:

Name of Head Teacher / Principal:

SECTION C — HOUSEHOLD & SOCIOECONOMIC BACKGROUND

Name of Parent / Guardian:

Relationship to Applicant:

Parent / Guardian Occupation:

Employer (if any):

Estimated Monthly Household Income:

Below ₦20,000 ₦20,001 – ₦50,000 ₦50,001 – ₦100,000 Above ₦100,000 No regular income

No. of people in household:

No. of children currently in school:

Current living situation of applicant:

Both parents present Mother only Father only Guardian / Relative Orphaned Other

Has the applicant's schooling ever been interrupted due to finances?

Yes No

If Yes, explain briefly:

Is the applicant currently at risk of leaving school?

- Yes — unpaid fees Yes — family pressure Yes — early marriage risk Yes — other No

SECTION D — HEALTH & MEDICAL INFORMATION (Strictly Confidential)

This information is used only to ensure the applicant's safety and wellbeing during the program.

Does the applicant have any known medical condition or disability?

- Yes No

If Yes, please describe:

Does the applicant take any regular medication?

- Yes No

If Yes, name of medication and dosage:

Does the applicant have any known allergies?

- Yes No

If Yes, please specify:

Blood Group (if known):

Genotype (if known):

Access to healthcare?

- Regular access Occasional access Rarely / No access

Name & Phone of Emergency Contact (other than parent / guardian):

DECLARATION — Please read carefully before signing:

1. I confirm that all information provided in this application is true and correct to the best of my knowledge.
2. I give full consent for my daughter / ward to participate in the ARISE HER program including all workshops, mentorship sessions, career visits, and related activities.
3. I commit to supporting her attendance and participation in all scheduled ARISE HER program activities.
4. I understand that ARISE HER program staff may contact me for quarterly check-ins and conduct one home visit during the selection process.
5. I consent to the use of my daughter's / ward's photograph and anonymised story for ARISE HER program reports, social media, and donor communication — with her identity protected unless separately authorized.
6. I understand that continued program benefits are conditional on the scholar's active participation and commitment.
7. I agree to notify the ARISE HER team immediately if any circumstances change that may affect my daughter's / ward's participation.

Parent / Guardian Signature & Date

Applicant's Signature & Date

Any additional comments from parent / guardian:

SECTION G — TEACHER'S RECOMMENDATION & CONSENT

To be completed and signed by the applicant's Class Teacher or Head Teacher.

Full Name of Teacher:

Designation / Position:

Subject(s) Taught:

How long have you known this student?

Teacher's Phone Number:

Teacher's Email (if available):

In your professional assessment, does this applicant meet the ARISE HER scholar profile?

Strongly Recommend Recommend Neutral / Unsure Do Not Recommend

Describe why you are recommending this student — include her academic ability, character, attitude, and personal circumstances:

Is there anything else the ARISE HER selection panel should know about this student?

Four horizontal lines for writing additional information.

TEACHER'S DECLARATION:

I confirm that the information I have provided in this recommendation is accurate and based on my professional knowledge of this student.
I support her application to the ARISE HER program and commit to providing quarterly academic progress updates if she is selected.
I grant permission for ARISE HER program staff to liaise with me regarding this student's welfare and academic progress during the program period.

Teacher's Signature & Date

School Stamp

SECTION H — FOR OFFICE USE ONLY (Do Not Fill)

Application No.	Date Received	Received By	Home Visit Date	Panel Score (/ 100)

Panel Decision:

- SELECTED
- WAITLISTED
- NOT SELECTED

Panel Comments / Remarks:

Four horizontal lines for writing panel comments or remarks.

Panel Lead Signature & Date

Program Coordinator Signature & Date

Thank you for applying to ARISE HER.
 Every girl who fills this form has already taken her first step toward rising.
"She rises. She leads. She transforms the world."