

GRANT APPLICATION FORM

Olajide Foundation

Honourable Comforter Olufunke Olajide

PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Home Address: _____

IDENTIFICATION

ID Type: ☐ National ID ☐ Driver's License ☐ Passport

ID Number: _____

GRANT INFORMATION

Type of Grant Requested:

☐ Skills Acquisition Program

☐ Health Awareness Initiative

☐ Financial Independence Support

☐ Educational Support

☐ Other: _____

Amount Requested: _____

Purpose/Justification:

SUBMISSION INSTRUCTIONS

Please submit this completed form along with:

• Valid ID copy

• Recent passport photograph

• Supporting documents (if applicable)

Submit via email to: olufunkeolajide251@gmail.com

Or bring to: Omolewa Street, Yemetu, Ibadan North

Signature: _____ **Date:** _____

For office use only:

Application ID: _____

Date Received: _____

Status: _____