

# 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:

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### SUBMISSION INSTRUCTIONS

Please submit this completed form along with:

- â¢ Valid ID copy
- â¢ Recent passport photograph
- â¢ 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: \_\_\_\_\_