Dear Applicant,

Thank you for your interest in MRA Education Grant (MEG). Prior to completing this application, we encourage you to learn as much as possible about Moral Re-Armament/Initiatives of Change from our website [www.iofc.org](http://www.iofc.org) and also familiarize yourself with the attached brief and FAQ. We are excited that you have chosen to apply for this grant, and we wish you success in all your pursuit.

Warm regards,

MRA Education Grant

**APPLICATION DEADLINES**

* **NOTE: All applicant must abide by this deadline.**
* **Application Opens, 1st September 2017**
* **Application Closes, 15th October 2017**
* **Decision deadline, 17th November 2017**

**APPLICATION INSTRUCTIONS**

The MRA Education Grant application consists of:

* This application form (required)
* All requested documents(required). Consult the FAQ

**Incomplete application will not be evaluated**

**Submitting Your Application:**

Please complete the following 5 pages and attach updated copies of all requested documents. Be sure to write your name and contact information on each page of your application (at the top). **Please type or write your responses for Column A to D in CAPITAL LETTERS only!**

All completed applications should be submitted to [admin.nigeria@iofc.org](mailto:admin.nigeria@iofc.org)

**Confirmation of Receipt:**

**Every received application will be confirmed not later than two weeks of receipt.**

**Applicant Name: Phone/Email:**

**A. PERSONAL INFORMATION**

*Please enter your name and all information as it appears on* ***official*** *documents such as an identification card, birth certificate, or passport.*

Surname (Family Name):

First Names (as on official ID):

Sex:F M Nationality: Birth Date: / /

Year

Month

Day

State (currently living in):

Your Email Address

Your Secondary Email Address:

Mobile Phone (+ ) Other Phone: (+ )

Country code

Country code

Permanent Physical Address:

Country

Address During School Year:

(If Different)

Country

**B. APPLICANT ACADEMIC INFORMATION**

*Note: MRA Education Grant will contact your school to verify information on this application.*

Current School: Language of Instruction:

Physical Address:

Postal Address:

Current Grade Level/Form/Year: Expected Date of Graduation /

Month

Year

Name of Principal/Admission Officer:

Principal Office Phone (required): (+ ) Mobile Phone (required): (+ )

Country code

Country code

Principal Email (required):

Have you ever been found responsible for a disciplinary violation at any school you have attended, whether related to academic or behavioural misconduct, which resulted in your probation, suspension, removal,

dismissal, or expulsion from school? YES NO

**If you answered yes to the question above, please attach an explanation to this application.**

**C. REQUIRED DOCUMENTS**

**ATTACH A COPY OF ALL DOCUMENTS REQUESTED (Please, we can only accept PDF or JPEG files).**

Have you attended any MRA/IofC programs before: Yes No

If you answered Yes to the above question, what year and what program did you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently run an entrepreneurial project/venture/initiative? Yes No

If you answered Yes to the above question, what is the aim of your project/venture? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. FAMILY INFORMATION**

*Please list the adults who currently have legal rights and responsibilities toward you, such as your parents or guardians. Please ensure that this information is correct.*

***Section 1: Parents or Guardians***

**Parent/Guardian #1** Surname: Sex: F M

First Names (Given Names):

Relation to You: Occupation:

Highest Level of Education /Degree Attained:

Mobile Phone: (+ ) Other Phone: (+ )

Country code

Country code

Email:

**Applicant Name: Phone/Email:**

Physical Address:

Does Parent/Guardian #1 have legal guardianship over you? Yes No

**Parent/Guardian #2** Surname: Sex: F M

First Names (Given Names):

Relation to You: Occupation:

Highest Level of Education /Degree Attained:

Mobile Phone: (+ ) Other Phone: (+ )

Country code

Country code

Email:

Physical Address:

Does Parent/Guardian #2 possess legal guardianship over you? Yes No

Applicant living with: Parent(s) Relative(s) Other

Are your parent(s)/guardian(s) married? Yes No

Primary language spoken at home: Other Languages:

**E. ESSAY QUESTIONS**

**Writing Tips**

* Do not exceed the word limits (Appropriate responses can be short. Quality is better than quantity.
* Use complete sentences (No abbreviation)
* There is no single correct answer to any of these questions.

1. **What aspect of MRA/Initiatives of Change most excites you? How will you contribute to it**? **(Word Maximum 100)**
2. **Please describe any activity [You can talk about activities such as charity work, writing, dancing, fund raising, cleaning, travelling, singing, or sports] in which you participated in that is most meaningful or important to you. Why is this activity so important to you? (Word Maximum 100, Minimum 100)**
3. **In this section, we would like to know if you have volunteered for any cause in the last three years**
4. **What need did you identify? (Word Maximum 50)**

**Applicant Name: Phone/Email:**

1. **What action did you take or what role did you play? (Word Maximum 100)**
2. **What challenges did you experience? (Word Maximum 50, Minimum 30)**

**(iv) What are the lessons learnt? (Word Maximum 50, Minimum 20)**

**F. ACTIVITIES**

**Please list not more than three of the most important activities in each category (in order of importance to you) that you have participated in during the past three years. You do not need to complete every section.**

**School and Community Service:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Hours per week** | **Role** | **Months in a year** | **Number of years** |
| **Example: Student Government** | **2** | **Secretary** | **7** | **1** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

**Employment/Entrepreneurial Enterprises:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Hours per week** | **Role** | **Months in a year** | **Number of years** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

**Competitions/Conferences/Special Programs:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Hours per week** | **Role** | **Months in a year** | **Number of years** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

**Applicant Name: Phone/Email:**

**Artistic/Musical:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Hours per week** | **Role** | **Months in a year** | **Number of years** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

**Athletics:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Hours per week** | **Role** | **Months in a year** | **Number of years** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

**G. CERTIFICATES, AWARDS, RECOGNITIONS**

***Note: Please list your top awards from the last 2 years only. You may attach copies as proof.***

|  |  |  |
| --- | --- | --- |
| **Title of Award** | **Year Received** | **Description** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Please insert links to any of your social media profiles. Leave blank if you do not have.**

**Applicant Name: Phone/Email:**

**H. CERTIFICATION PAGE**

***TO BE COMPLETED BY THE APPLICANT:***

I, , hereby certify that all information contained in this application is true and accurate.

Full name

Signature: Date:

***TO BE COMPLETED BY THE APPLICANT’S PARENT/GUARDIAN:***

I, , hereby give permission for

Full name

to apply for MRA Education Grant.

Applicant Name

Signature: Date:

Are your parent(s)/guardian(s) BOTH (if applicable) present and able to sign a letter to consent to your award should you be granted? Yes No

If no, please explain why they are unable to sign: