



**African American Academy**

*Leading to Academic Excellence*

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## SCHOLARSHIP APPLICATION FORM

**NOTE:** All parents who received scholarship for their children undertake to raise at least the double of the amount awarded in corporate donation. Failure to do so will result in the scholarship amount being done to the school.

Name of child (ren) \_\_\_\_\_

Grades: \_\_\_\_\_

Award of scholarship requested: \_\_\_\_\_

Reason of seeking of seeking scholarship:  Financial need       Academic merit       Recruitment of new student(s)

Several dependents in school      Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of father: \_\_\_\_\_ Employer: \_\_\_\_\_

Profession: \_\_\_\_\_

Gross income (if Application is based on financial need): \_\_\_\_\_

Name of mother: \_\_\_\_\_ Employer: \_\_\_\_\_

Gross income (if Application is based on financial need): \_\_\_\_\_

Done on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature

Father \_\_\_\_\_ Mother \_\_\_\_\_

<b>Results:</b>	Refused	Dollars _____
	Accepted: Amount awarded	FCFA _____
Done on ____ / ____ / ____	by commission of _____	
Remarks:	_____	
	_____	
Principal Signature		