



African American Academy

Leading to Academic Excellence

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SCHOLARSHIP APPLICATION FORM

NOTE: All parents who received a scholarship for their child(ren) undertake to raise at least the double of the amount awarded in corporate donation. Failure to do so could result in the scholarship amount being.

Name of child(ren) _____

Grades: _____

Award of scholarship requested: _____

Reason 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 _____

Result: Refused Accepted; Dollars _____

Amount awarded FCFA _____

Done on ____ / ____ / ____ by commission of _____

Remarks:

Principal Signature