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SCHOLAR APPLICATION PACKET

Gifted and Talented Scholars Programme

Imo State, Nigeria | Inaugural Cohort 2025

The Young Scholars Haven Foundation (YSHF) identifies academically gifted students facing financial barriers and provides educational sponsorship, structured mentorship, and coordinated support systems. For the inaugural cohort, two to three (2 to 3) scholars will be selected from Primary 5 and Primary 6 in Imo State and fully sponsored from JSS 1 all the way through to university or vocational training.

ELIGIBILITY REQUIREMENTS

Applicants must meet ALL of the following criteria before applying:

- Aged 10 years and above at the time of application
- Currently enrolled in Primary 5 or Primary 6 in Imo State
- Residing in Imo State, Nigeria
- Has sat or is registered to sit the National Common Entrance Examination
- Parent or guardian is willing to give written consent for the child to attend a boarding secondary school
- Family is from a low income background and is genuinely unable to fund quality secondary education

Students attending public schools or under resourced community schools are especially encouraged to apply.

APPLICATION CHECKLIST

Please ensure all of the following items are completed and included in this packet:

- Sections 1 to 5 of this Application Form fully completed
- Student Essay (Section 4) written by the student in their own handwriting
- Most recent School Report Card or Academic Record (original or clear copy)
- Teacher Recommendation Form (Section 5), completed and signed by the class teacher or head teacher
- Copy of Birth Certificate or Age Declaration (sworn affidavit)
- Parent or Guardian Boarding School Consent Form (Section 6), signed and witnessed

Incomplete applications will not be considered. Please double check this checklist before submitting. There is no application fee. All applications are free.

Scholarship Continuation Requirements



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I understand that a selected scholar must maintain a minimum overall academic average of 80% at the end of every term. Failure to meet this standard may result in a review and possible withdrawal of the scholarship.

Grounds for Disqualification

I understand that providing false information, misrepresenting financial circumstances, withdrawing boarding school consent, or the student receiving outside assistance during the written assessment may result in immediate disqualification or withdrawal of the scholarship.



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SECTION 1 | STUDENT INFORMATION

Full Name of Student *(As it appears on birth certificate or age declaration)*

Date of Birth

Age at Time of Application

Gender Male Female

Current Class Primary 5 Primary 6

Name of Current School

School Address

Local Government Area (LGA)

State of Residence

Type of School Government (Public) Community Mission Other

Student Phone Number (if any)

Nearest Landmark or Village

SECTION 2 | PARENT OR GUARDIAN INFORMATION

Full Name of Parent or Guardian



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Relationship to Student

Phone Number

Home Address

Village or Community

Local Government Area

Occupation

Approximate Monthly Income

Number of Children in Household

Second Parent or Guardian (if applicable)

Full Name

Relationship to Student

Phone Number

Household and Living Situation

Does the household have electricity? Yes, regularly Yes, sometimes No

Primary source of drinking water? Borehole Well River Tap water Other

Does the child have a quiet place to study at home? Yes No

SECTION 3 | EDUCATIONAL BACKGROUND

Favourite Subject

Least Favourite Subject

What subjects does the student find most challenging and why?



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What extracurricular activities, clubs, or leadership roles has the student been involved in?

Common Entrance Examination

Has the student sat the National Common Entrance Examination? Yes No Registered but not yet sat

If yes, what year was it sat?

Name of Secondary School Applied To (if known)

Does the student have a preferred secondary school in mind? Yes No

If yes, which school?

Academic Achievements

Please list any prizes, awards, or academic recognitions the student has received:



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If you need more space, you may continue on a separate sheet of paper and attach it to this form. Please write your full name at the top of any additional pages.



SECTION 5 | TEACHER RECOMMENDATION FORM

This section must be completed by the student's current class teacher or head teacher. It must be signed and stamped where possible. This form carries significant weight in the selection process and should be completed honestly and in full.

Teacher Details

Full Name of Teacher	Position or Title
<hr/>	<hr/>

Name of School
<hr/>

Phone Number	Email Address (if available)
<hr/>	<hr/>

How long have you known this student?	In what capacity?
<hr/>	<hr/>

Academic Assessment

Please rate the student on each of the following. Tick one box per row.

Area of Assessment	Excellent	Very Good	Good	Average	Needs Improvement
Academic Performance and Results	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Ability to Understand New Concepts	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Class Participation and Engagement	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Ability to Work Independently	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Curiosity and Desire to Learn	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement



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Quality of Written Work	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Mathematical Ability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement

Character Assessment

Area of Assessment	Excellent	Very Good	Good	Average	Needs Improvement
Respect for Teachers and Peers	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Responsibility and Self Discipline	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Honesty and Integrity	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Leadership or Initiative	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Resilience and Perseverance	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Kindness and Concern for Others	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement

In your own words, describe this student's most notable strengths and qualities:

Are there any concerns or areas where this student needs further support?

Why do you believe this student deserves to be selected as a YSHF Scholar? Please give specific examples:



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Do you unreservedly recommend this student for the YSHF Scholarship? Yes, unreservedly Yes, with reservations Unable to recommend at this time

Teacher Signature and Date

School Stamp (if available)



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SECTION 6 | PARENT OR GUARDIAN BOARDING SCHOOL CONSENT FORM

This consent form must be read carefully, understood fully, and signed by the parent or legal guardian of the applicant. A witness signature is also required. By signing this form, you are confirming that you have understood and agreed to all of the statements below.

I, _____ (Full Name of Parent or Guardian), am the parent or legal guardian of _____ (Full Name of Student).

By signing this form, I confirm and declare that:

- I have read and understood the YSHF scholarship programme and what it entails for my child.
- I understand that if my child is selected, they will be required to attend and reside at a boarding secondary school recommended by the Young Scholars Haven Foundation during the academic term.
- I give my full and informed consent for my child to attend and live at a boarding secondary school as part of this scholarship.
- I understand that YSHF will cover the costs of school fees, boarding, uniforms, books, and related educational expenses from JSS 1 through to university or vocational training, subject to the terms of the YSHF Scholar Agreement.
- I understand that my child will be required to maintain a minimum academic average of 80% (distinction level) throughout the scholarship in order to continue receiving sponsorship.
- I agree to cooperate fully with YSHF throughout the scholarship period, including attending progress review meetings, staying in regular contact with YSHF representatives, and supporting my child's education and personal development.
- I confirm that all information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may result in disqualification.
- I understand that YSHF reserves the right to withdraw the scholarship if the terms of the YSHF Scholar Agreement are not upheld.

Scholarship Continuation Requirements

I confirm that I have read and understood that my child must maintain a minimum overall academic average of 80% throughout the scholarship. I understand that falling below this standard may result in a review and possible withdrawal of sponsorship.

Disqualification and Withdrawal

I confirm that I understand providing false or misleading information, withdrawing boarding school consent, or failing to uphold the YSHF Scholar Agreement may result in immediate disqualification or withdrawal of the scholarship at any stage.



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Parent or Guardian Full Name

Phone Number

Home Address

Parent or Guardian Signature and Date

Thumbprint (if unable to sign)

Witness Declaration

I confirm that the parent or guardian named above signed this form freely and in my presence, and that to the best of my knowledge the information provided is truthful.

Witness Full Name

Relationship to Family

Witness Phone Number

Witness Signature and Date

“We identify, support, and empower talented students facing financial barriers so they can reach their full potential and contribute meaningfully to their communities.”

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