

V.N.C. Nwandu Foundation Programs

Enrollment Form

Instructions:

Please complete this form accurately to apply for enrollment in one or more of the foundation's programs. This information helps us ensure proper documentation and selection of beneficiaries.

Section 1: Personal Information

1. **Family Name:** _____
2. **Grandfather's Name:** _____
3. **Family Compound:** _____
4. **Village Name:** _____
5. **Name of Diokpa of the Village:** _____
6. **Referral's Name:** _____
7. **Relationship to Oko Odogwu of Umu Elibujor:** _____
8. **Full Name:** _____
9. **Gender:** Male Female Other
10. **Date of Birth (MM/DD/YYYY):** _____
11. **Phone Number:** _____
12. **Residential Address:** _____
13. **Community/Local Government Area:** _____

Section 2: Program Enrollment

1. **Program(s) Applying For (Check all that apply):**
 - Nwabude Welfare Program
 - Stephen Okobi Scholarship Fund
 - VNC Lift Up Program

2. Reason for Enrollment (Briefly explain why you are applying):

3. Do you have any prior relationship with the V.N.C. Nwandu Foundation?

- Yes No
- If yes, please specify: _____

4. Have you received assistance from other programs or organizations?

- Yes No
- If yes, please provide details: _____

Section 3: Acknowledgment and Declaration

I, the undersigned, confirm that all the information provided in this form is true and correct to the best of my knowledge. I understand that any falsification may lead to disqualification from the program(s).

- 1. **Applicant's Signature:** _____
- 2. **Date (DD/MM/YYYY):** _____

Section 4: For Official Use Only

- 1. **Reviewed by (Name):** _____
- 2. **Position/Title:** _____
- 3. **Signature:** _____
- 4. **Date of Review (DD/MM/YYYY):** _____
- 5. **Comments/Notes:** _____

Thank you for your interest in the V.N.C. Nwandu Foundation Programs!

We are dedicated to improving lives and creating opportunities for our beneficiaries.