



APPLICATION TO SPONSOR A STUDENT AT LADIES' COLLEGE

NAME OF APPLICANT :

ADDRESS :

TELEPHONE : (HOME) (MOBILE)

OGA MEMBERSHIP NO (IF OLD GIRL): MAIDEN NAME :

SPONSORSHIP OFFERED : FULL TERM FEES / HALF TERM FEES

INTENDED DURATION OF SPONSORSHIP : DURATION OF CHILD'S SCHOOLING/ONE YEAR/ OTHER
IF OTHER, PLEASE SPECIFY :

PREFERRED LEVEL IN SCHOOL : NURSERY/KG/PRIMARY/MIDDLE SCHOOL/OL/AL/ ANY

.....
DATE

.....
SIGNATURE

NOTE : THE PRINCIPAL WILL CONTACT YOU IN DUE COURSE.

FOR OFFICE USE ONLY

NAME OF CHILD SPONSORED : GRADE : ADMISSION NO :

REASON FOR INABILITY TO PAY FEES :

AMOUNT OF SPONSORSHIP : FULL FEES / HALF FEES/ OTHER ()

METHOD OF PAYMENT : TERMLY / ANNUALLY

ADDRESS TO WHICH INVOICE SHOULD BE POSTED :

ANY OTHER RELEVANT INFORMATION :

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APPROVED BY :

DATE :

PRINCIPAL