



ASSESSMENT FORM

NAME OF APPLICANT:.....

DATE OF BIRTH: **GENDER:**

STATE OF ORIGIN:.....

GUARDIAN'S NAME:.....

GUARDIAN'S PHONE NO:

FATHER'S OCCUPATION:.....

MOTHER'S OCCUPATION:.....

RESIDENTIAL ADDRESS:.....

NAME OF EYE DEFECT:.....

OTHER MEDICAL CHALLENGES:
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APPLICANT'S EDUCATIONAL BACKGROUND:.....
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APPLICANT'S HOBBIES:.....

APPLICANT'S FUTURE ASPIRATION:.....

FAMILY ANNUAL INCOME: (a) below 750,000 naira (b)750,000- 1,500,000 naira (c) 1,500,000- 3,000,000 naira (d) 3,000,000 naira and above

PARENT/GUARDIAN'S FUTURE PLANS FOR THE APPLICANT:.....
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OBSERVATIONS:
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TRUSTEES

Vice Admiral Jubrila Ayinla, Jemilat Abimola Ayinla, Khadijat Abiose Fashina
Abdul-Ganiyu Babatunde Ayinla, Muritala Olukolade Ayinla, Temitayo Fadillah Ayinla-Omotola



RECOMMENDATION:

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ASSESSED BY:.....

DATE OF ASSESSMENT:.....