



INSTRUCTIONS *(please read carefully)*

- Please complete all sections of this application form. Incomplete forms will be not processed.
- This form should be completed by a representative of the school or organization.
- Send completed forms to grants@woleogunyemifdn.com with the name of your school or organization as the email subject.

INSTITUTION CATEGORY *(select only one option)*

- PRIMARY SCHOOL VOCATIONAL INSTITUTION
 SECONDARY SCHOOL NON-PROFIT ORGANIZATION

GRANTS CATEGORY *(select only one option)*

- N100,000 - N249,000 N250,000 - N499,000 N500,000 - N1,000,000

ORGANIZATION DETAILS

NAME:	
CAC REGISTRATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	WEBSITE:
YEAR FOUNDED:	NUMBER OF EMPLOYEES:
PHONE NUMBER:	EMAIL:
LOCATION/ADDRESS:	

REPRESENTATIVE DETAILS

(please enter your contact details and those of another representative)

FIRST NAME:	LAST NAME:
POSITION/ROLE:	
PHONE NUMBER:	EMAIL:
CONTACT ADDRESS:	

FIRST NAME:	LAST NAME:
POSITION/ROLE:	
PHONE NUMBER:	EMAIL:



PROGRAM/PROJECT/INITIATIVE

(provide details of the program, project or initiative to which the grant will be applied)

EXPECTED IMPACT

(share details the expected impact of this program, project or initiative)

BUDGET OUTLINE

(how will this grant be spent to execute the program, project or initiative described above?)

DECLARATION

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that the information provided here is subject to verification by the Wole Ogunyemi Foundation and agree to produce copies of relevant documents in support of this application as may be requested.

FULL NAME:

SIGNATURE:

DATE: