**Invitation for Scholarship Applications for Children with Special Needs**

We are pleased to announce the opening of applications for scholarships designed to support children with special needs who face financial challenges in accessing quality education. This initiative aims to empower children aged 3–21 years who demonstrate a clear ability to engage in the learning process but require financial assistance to continue their education or skill acquisition.

**Eligibility Criteria:**
To be considered for this scholarship, applicants must meet the following criteria:

1. **Age:** The child must be between 3 and 21 years old.
2. **Enrollment:** The child must already be enrolled in an academic institution or skill acquisition center.
3. **Learning Ability:** The child must demonstrate the ability to actively participate in the learning process.
4. **Special Needs:** The child must have a confirmed special need or a combination of needs in one or more of the following categories:
	* **Learning Disabilities:**
		+ Dyslexia – Difficulty reading or recognizing words.
		+ Dyscalculia – Difficulty understanding numbers and math.
		+ ADHD (attention deficit hyperactivity disorder)
		+ Sensory Disabilities.
	* **Developmental Disabilities:**
		+ Autism Spectrum Disorder (ASD) – A condition that affects communication and social skills. Some individuals with autism may not speak, avoid eye contact, or react differently to sounds and touch.
		+ Down Syndrome – A genetic condition that causes learning delays and distinct facial features.
		+ Intellectual Disabilities – Difficulty learning and understanding at the same level as peers of the same age.

**Scholarship Benefits:**
The scholarship will cover partial or full school fees, depending on the financial need of the family. Additional support, such as learning materials or therapy sessions, may also be provided where applicable.

**How to Apply:**
Interested families are invited to submit the following documents:

1. A completed application form (available to download on our website below).
2. Proof of enrollment in an academic institution or skill acquisition center.
3. A medical report or professional assessment confirming the child’s special needs.
4. A brief statement from the child’s teacher or instructor highlighting their ability to participate in the learning process.
5. Proof of financial need (e.g. income statement, letter from a social worker, or other relevant documentation).

**Application Deadline:**
All applications must be submitted by **28th August 2025**. Late submissions will not be considered.

**Selection Process:**
Applications will be reviewed by a panel of experts in education and special needs. Shortlisted candidates may be invited for an interview or assessment to better understand their needs and potential.

**Contact Information:**
For more information or to submit your application, please contact:
**The Chairman, Brace Foundation for Children.**

**Attention: The Executive Director**

**Plot 8, Block 116, Akiogun Street, By Bosun Adekoya Road, Lekki, Lagos.**

We believe that every child, regardless of their challenges, deserves the opportunity to learn, grow, and thrive. This scholarship is a step toward creating an inclusive and supportive environment for children with special needs. We encourage all eligible families to apply and look forward to receiving your applications.

Yours sincerely,

Dr. Soibi Godwin-Clark

Executive Director, Brace Foundation for Children.

[**https://www.bracefoundation.org**](https://www.bracefoundation.org)
**Brace Foundation: ‘Embracing Special Needs with Love’**

**Scholarship Application Form for Children with Special Needs**

Scholarship for Children with Special Needs (Ages 3–21) **Application Deadline:21st March 2025**

**Section 1: Child’s Information**

1. **Full Name of Child:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Age:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Gender:**
	* Male
	* Female
5. **Current School/Institution Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **Grade/Class Level:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. **Type of Institution:**
	* Academic Institution
	* Skill Acquisition Center
	* Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Special Needs Information**

1. **Confirmed Special Need(s):** (Please tick all that apply)
	* Dyslexia – Difficulty reading or recognizing words.
	* Dyscalculia – Difficulty understanding numbers and math.
	* ADHD (Attention Deficit Hyperactivity Disorder) – Trouble focusing, sitting still, or following instructions.
	* Autism Spectrum Disorder (ASD) – A condition that affects communication and social skills.
	* Down Syndrome – A genetic condition that causes learning delays and distinct facial features.
	* Intellectual Disabilities – Difficulty learning and understanding at the same level as peers.
	* Sensory Disability
	* Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Date of Diagnosis:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Name of Diagnosing Professional/Institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Brief Description of Child’s Learning Abilities:** (To be completed and signed by a teacher or instructor, PLEASE ATTACH INSTRUCTORS FULL OFFICIAL CONTACT DETAILS)

**Section 3: Parent/Guardian Information**

1. **Full Name of Parent/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Relationship to Child:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Are You a Single Parent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Is the Child in an Orphanage:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Contact Information:**
	* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **Proof of Financial Need:** (Attach relevant documents, e.g., income statement, letter from social worker, etc.)
	* Attached

**Section 4: Supporting Documents**

Please ensure the following documents are attached to this application:

* Proof of enrollment in an academic institution or skill acquisition center.
* Medical report or professional assessment confirming the child’s special needs.
* Statement from the child’s teacher or instructor highlighting their ability to participate in the learning process.
* Proof of financial need (e.g., income statement, letter from social worker, etc.).

**Section 5: Declaration**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian Name), hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false information may result in disqualification from the scholarship program.

**Signature of Parent/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission Instructions**

1. Complete all sections of the form.
2. Attach all required supporting documents.
3. Submit the application form and documents via:

**In-Person: at** **Plot 8, Block 116, Akiogun Street, By Bosun Adekoya Road, Lekki, Lagos.**

For inquiries, please contact:
**Dr. Soibi Godwin-Clark @  +23417004711**

**Note:** **PLEASE DOWNLOAD THIS FORM AND SUBMIT WITH YOUR APPLICATION IN HARD COPY.** Photocopies of documentation are acceptable for application purposes, however originals will need to be cited and verified at the point of accepting the scholarship offer. Incomplete applications or applications submitted after the deadline will not be considered.

This form can be downloaded as a PDF from [**https://www.bracefoundation.org**](https://www.bracefoundation.org).