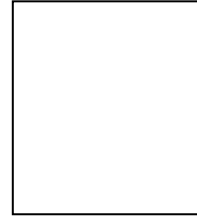




**VIRTUE EDUCATIONAL AND ALLIED SERVICES INC.**  
**APPLICATION FORM**

Please complete and return promptly to Virtue Educational and Allied Services Inc.  
with your credentials.



**Part A: Applicant Information:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Other Name: \_\_\_\_\_ Date of Birth: DD \_\_\_ MM \_\_\_ YY \_\_\_\_\_

Sex: \_\_\_\_\_ Email: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Country of residence \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_

Religion/Denomination: \_\_\_\_\_ Passport No. \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

First Language \_\_\_\_\_ Current Occupation/Activity: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Level of Education Completed: \_\_\_\_\_ From DD \_\_\_ MM \_\_\_ YY \_\_\_\_\_ To DD \_\_\_ MM \_\_\_ YY \_\_\_\_\_

Name of institution \_\_\_\_\_

Program of Study: \_\_\_\_\_ Location \_\_\_\_\_ GPA \_\_\_\_\_

Name of Secondary \_\_\_\_\_

Location: \_\_\_\_\_ From DD \_\_\_ MM \_\_\_ YY \_\_\_\_\_ To DD \_\_\_ MM \_\_\_ YY \_\_\_\_\_

**Academic Information for intended program:**

Applying for High School: \_\_\_\_\_ Grade 12 (University Foundation) \_\_\_\_\_

College \_\_\_\_\_ University \_\_\_\_\_

Starting in: Winter (January) Year \_\_\_\_\_ Spring (May) Year \_\_\_\_\_ Fall(September) \_\_\_\_\_

Program: First choice: \_\_\_\_\_ Second choice \_\_\_\_\_

Residence on Campus: \_\_\_\_\_ Home Stay: \_\_\_\_\_ Off Campus \_\_\_\_\_

**Emergency Contact Information:**

Name Mr. /Ms/Mrs.: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Contact Address: Home/Business: \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Father/Guardian Information:**

Name Mr. /Ms/Mrs.: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Contact Address: Home/Business: \_\_\_\_\_  
\_\_\_\_\_

Home Tel: \_\_\_\_\_ Business Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Mother/Guardian Information:**

Name Mr. /Ms/Mrs.: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Contact Address: Home/Business: \_\_\_\_\_  
\_\_\_\_\_

Home Tel: \_\_\_\_\_ Business Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

HAVE YOU BEEN REFUSED VISA BEFORE 'YES' [ ], NO [ ]: If YES, WHAT COUNTRY AND WHEN: EXPLAIN

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NOTE: Payment made on application processing is not refundable and the expiration date to provide the necessary documents to complete the application after payment is six months effective from the day of payment.