



**Cameroon Baptist Convention (CBC) Health Services  
Services for Persons with Disabilities (SPD)  
Scholarship Service**

**Tel: 677764781, 677002395 or 677985850**

**Email: [piustih@cbchealthservices.org](mailto:piustih@cbchealthservices.org),  
[alphonso76@yahoo.co.uk](mailto:alphonso76@yahoo.co.uk) or [bridgetfobuzie@yahoo.com](mailto:bridgetfobuzie@yahoo.com)**

**DONOR'S IDENTIFICATION AND CONTACT  
DETAILS**

Please attach  
a recent up  
close picture

This form should be filled in **BLOCK CLEAR BLACK INK** and submitted to the SEEDP Office of the CBC Health Services or emailed to [piustih@cbchealthservices.org](mailto:piustih@cbchealthservices.org), [alphonso76@yahoo.co.uk](mailto:alphonso76@yahoo.co.uk), [bridgetfobuzie@yahoo.com](mailto:bridgetfobuzie@yahoo.com) or [bridgetlongla1964@gmail.com](mailto:bridgetlongla1964@gmail.com)

1. **DONOR'S DETAILS** (Please write in block letters)

DONOR'S PERSONAL DETAILS							
First Name				Surname			
Other Name(s)			Date of Birth	DD..... MMM ..... YYYY.....			
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>			
Address	Postal			Physical			
Contacts	Home			Mobile		Fax	
Nationality							
Mobile			E-mail				
Chosen Scholarship Scheme							
ORGANISATION'S CONTACT							
Name							

Address	Postal		Physical			
Contacts	Home		Mobile		Fax	
Email						
Country located						
Chosen Scholarship Scheme						