

APPLICATION FORM

OGHENEYOMA ADJEKPIYEDE FOUNDATION SCHOLARSHIP

Personal Information

Full Name:.....

Gender:.....

Date of Birth:.....

Address:.....

.....

Phone Number(s).....

Valid Email Address.....

Affix Passport

Educational Background

PRIMARY

Name of School:.....

Address of School:.....

From (Date):To (Date):.....

Grade:.....

SECONDARY

Name of School:.....

Address of School:.....

From (Date):To (Date):.....

Results: WAEC ☐ NECO ☐ Sittings: 1 ☐ 2 ☐

English:

Mathematics:

.....

.....

.....

JAMB Score:.....

UNIVERSITY ADMISSION

Name of University:.....

Course of Study:.....

Current Level/Year:.....

HOD' Recommendation:

I hereby recommend him/her for award of the Ogheneyoma Adjekpiyede Foundation Scholarship

University:.....

HOD Name:.....

Sign/Date & Stamp:.....

Declaration:

Ihereby declare that the information provided above is accurate and complete to the best of my knowledge. I understand that any falsification of information may lead to disqualification.

Signature.....

Date:.....