



# BODE AMAO FOUNDATION SCHOLARSHIP

## APPLICATION FORM

FOR OFFICIAL USE ONLY

|           |       |
|-----------|-------|
| Reg. No.: | _____ |
| Course:   | _____ |
| Level:    | _____ |
| State:    | _____ |
| C.G.P.A.: | _____ |
| Remark:   | _____ |

|  |
|--|
| Kindly affix<br>a passport-size photograph |
|--|

1. (a) Surname: \_\_\_\_\_ Matric/Reg. No.: \_\_\_\_\_  
(To be filled in Upper Case Letters)

(b) Other Names: \_\_\_\_\_

2. Gender: \_\_\_\_\_ 3. Marital Status: \_\_\_\_\_

4. State of Origin: \_\_\_\_\_ 5. LGA: \_\_\_\_\_

6. Place of Birth: \_\_\_\_\_ 7. Date of Birth: \_\_\_\_\_

8. Present Address: \_\_\_\_\_

\_\_\_\_\_

9. Telephone Number: \_\_\_\_\_ 10. e-mail Address: \_\_\_\_\_

11. Permanent Home Address: \_\_\_\_\_

\_\_\_\_\_

12. Father/Guardian's Name: \_\_\_\_\_

13. Mother/Guardian's Name: \_\_\_\_\_

14. Parents' Occupation: (a) Father: \_\_\_\_\_

(b) Mother: \_\_\_\_\_

15. Name of the Next of Kin: \_\_\_\_\_

16. Address of the Next of Kin: \_\_\_\_\_

17.

| Name of Secondary School(s) | Subjects | WASSCE | Date | GCE | Date |
|-----------------------------|----------|--------|------|-----|------|
|                             |          |        |      |     |      |
|                             |          |        |      |     |      |
|                             |          |        |      |     |      |
|                             |          |        |      |     |      |
|                             |          |        |      |     |      |
|                             |          |        |      |     |      |
|                             |          |        |      |     |      |
|                             |          |        |      |     |      |
|                             |          |        |      |     |      |

18. i) Name of the Institution: \_\_\_\_\_

ii) Address of the Institution: \_\_\_\_\_  
\_\_\_\_\_

iii) Course of Study: \_\_\_\_\_

iv) Expected duration of Course: \_\_\_\_\_

v) Expected date of completion of the Course: \_\_\_\_\_

vi) Degree in view: \_\_\_\_\_

19. Results of sessional examinations i.e. CGPA: 100 Level/IJMB/A Level: \_\_\_\_\_

200 Level: \_\_\_\_\_

300 Level: \_\_\_\_\_

400 Level: \_\_\_\_\_

500 Level: \_\_\_\_\_

600 Level: \_\_\_\_\_

20. Are you on any scholarship(s)?: \_\_\_\_\_

If yes, specify: \_\_\_\_\_

21. Are you bonded or indebted to any organization, government, institution, employer, etc. If yes, please give details below. Also attach a letter from the organization concerned that you will be allowed to take up the award if successful.

(i) Name and address of organization: \_\_\_\_\_  
\_\_\_\_\_

(ii) Amount or value of Bond or Indebtedness: N \_\_\_\_\_

22. Name of two referees, one from your present academic institution for your performance and the other from long term knowledge, for your character.

(a) Name: \_\_\_\_\_

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

\_\_\_\_\_

Position: \_\_\_\_\_

(b) Name: \_\_\_\_\_

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

Position: \_\_\_\_\_

23. Any other relevant information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Declaration:

I hereby confirm that the above information is correct.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

25. Confirmation

(i) Head of Department

\_\_\_\_\_  
Name Signature Date

(ii) Dean of Students Affairs

\_\_\_\_\_  
Name Signature Date

(ii) Registrar

\_\_\_\_\_  
Name Signature Date

\_\_\_\_\_  
Seal/Official Stamp of Institution and Date

**For Official Use Only**

1. Documents Submitted:

Sessional Result:\_\_\_\_\_

ID Card:\_\_\_\_\_

Admission Letter (JAMB):\_\_\_\_\_

Course Registration:\_\_\_\_\_

Medical Certificate/HIV:\_\_\_\_\_

Letter of Identification from LGA:\_\_\_\_\_

2. Officers' Comments and Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Final Decision:

Recommended for award  Not Recommended for Award

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Signature