DR JOSEPHAT K. OKOYE EDUCATION FOUNDATION

OKWUANYIONU FOUNDATION CENTRE
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Affix Photo

UNDERGRADUATE SCHOLARSHIP APPLICATION FORM

(Note: The Scholarship is for Anambra State Indigenes only)

ACADEMIC YEAR

INSTRUCTIONS:
1.This form has 2 pages.
2.Read carefully and provide all information truthfully.
3.Use CAPITAL LETTER ALL THROUGH. Leave a space between two words.
4.Attach clear photocopies of all required documents.

Personal Information

SURNAME NAME: _____ FIRST NAME: _____

MIDDLE NAME: _____ GENDER: MALE ☐ FEMALE ☐

DATE OF BIRTH: _____ E-MAIL: _____

TOWN/COMMUNITY _____ LGA _____

SENATORIAL DISTRICT _____

(Attach letter of identification from PG or Traditional Ruler of your community and Chairman of your Local Government Area)

NIN: _____ PHONE(S): _____

RESIDENT ADDRESS _____

_____

PERMANENT HOME ADDRESS(If different) _____

_____

FATHER'S NAME _____

FATHER'S OCCUPATION/PROFESSION _____

MOTHER'S NAME _____

MOTHER'S OCCUPATION/PROFESSION _____

SECTION B: Educational Background

LAST PRIMARY SCHOOL ATTENDED: _____

_____ PERIOD ATTENDED: *From* _____ *To* _____

LAST SECONDARY EDUCATIONAL/INSTITUTION ATTENDED: _____

_____ PERIOD ATTENDED: *From* _____ *To* _____

QUALIFICATION OBTAINED

SSCE/WASC Subject		NECO		NABTEB		GCE O/LEVEL		OTHERS (Specify)	
Subject	Grade	Subject	Grade	Subject	Grade	Subject	Grade	Subject	Grade

*(*Attach evidence photocopy of result)*

COURSE OF STUDY IN TERTIARY EDUCATIONAL INSTITUTION:

_____

DID YOU TAKE THE UNIFIED TERTIARY MATRICULATION EXAMINATION (UTME) FOR 2026/2027 ACADEMIC YEAR? ☐ YES ☐ NO SCORE ☐

If yes, attach evidence (Result Slip from JAMB)

SECTION C: EXTRA CURRICULAR ACTIVITIES

Roles/Positions held in School/Clubs/Societies/Organizations/Sports/Community service.
State briefly:_____

_____

_____

SECTION D: PERSONAL ASPIRATION:

Explain your goals/aspiration; and why you deserve the scholarship. Briefly _____

_____

_____

SECTION E: REFERENCES:

Provide names and contact information of two persons who can attest to your character and academic ability/achievements.

Reference 1 _____

Phone(s) _____

Reference 2 _____

Phone(s) _____

SECTION F: ATTESTATION

I ----------hereby
(Name in full)
Certify that every information given in this application form is true.

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Signature NIN Date

SECTION G: FOR OFFICE USE

Date received ----------Signature of Officer----------

Checked for completeness, and all required supporting documents

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Name of Officer Signature Date