IKEOHA FOUNDATION

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| **LGA:** |

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**Bursary Award 2015/2016**

# APPLICATION FORM

***Personal Information***

1. Name: ……………………………………………………………………………………………………………………..

*Surname First Name Other Names*

1. Date of Birth: ………………………………………….. 3. Sex: ………………………………..........................

4. Marital Status: ……………………….. 5. Village: ………………………………………………………………...

1. Town: …………………………………………………………………………..

1. Phone:…………………………………………8. Email Address: …………………………………………………

1. Full Contact Address: …………………………………………………………………………………………….

1. Name of parents/sponsor(s): …………………………………………………………………………………….

1. Occupation of parents/sponsor(s): ………………………………………………………………………………

1. Contact Address of Parents (including telephone): ………………………………………………………….

………………………………………………………………………………………………………………………

## Academic Information

1. Name of Institution:……………………………………………………………………………………………………

1. Reg. No.:……………………………………………………………….

1. Course of study/year of study:………………………………………………………………………………….....

## Other Information

1. Have you received our bursary?

Yes No if yes, state the session(year)…………………………………………………….

1. Reference:

1. Name of Head of Department/Dean of Faculty: ………………………………………………………….

Phone/E-mail:……………………………………………………….

Signature & official stamp:

**\* Include photocopies of all your academic credentials, admission letter, acceptance letter, school fees receipts, ID card, baptismal card, jamb result and letter from your traditional ruler duly signed and stamped.**