

SPRINGTIME DEVELOPMENT FOUNDATION

ADELEKE UNIVERSITY SCHOLARSHIP PRE-APPLICATION FORM

FORM CENTRE OF COLLECTION	FORM NO. SDF/PSF	
This form MUST be duly completed and si	igned by the Applicant	
USE BLOCK LETTERS		
Name:		
Surname	First Name	Other Names
State of Origin:	L.G.A:	
Date of Birth:	of Birth: Place of Birth:	
Nationality: WhatsApp Number:		
Religion: Denomination:		
Home Address:		
Email:		
Name of Parents/Guardian:		
Next of Kin:	Relationship of	Next of Kin:
Parents/Guardian's Phone Number (s):		
CHOICE OF FACULTY/DEPT./COURS	E:	
JAMB REGISTRATION NUMBER	JAMB EXAMINAT	ION NUMBER
	5. 6. 4.	
Applicant's Signature:	Date of Application	n:

Kindly ensure that all the required documents are submitted with this pre-application form