

SPRINGTIME DEVELOPMENT FOUNDATION

ADELEKE UNIVERSITY SCHOLARSHIP PRE-APPLICATION FORM

FORM CENTRE OF COLLECTION FORM NO. SDF/PSF		
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This form MUST be duly completed and signed b	y the Applicant	
USE BLOCK LETTERS		
Name:		
Surname First	Name	Other Names
State of Origin: L.G.A:		
Date 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./COURSE:		
JAMB REGISTRATION NUMBER	JAMB EXAMINATIO	N NUMBER
Applicant's Signature: Date of Application:		
CHECKLIST		
O'LEVEL JAMB RESULT	BIRTH CERTIFICATI	E 3 PASSPORT