AWKA AREA ASSOCIATION (AAA)

UNIVERSITY OF NIGERIA, NSUKKA

SCHOLARSHIP AWARD SCHEME

	For her Best Students in their Penultimate Year						
1.	(a). NAME: (SURNAME FIRST)	Pa	assport				
	(b). GSM NO						
2.	DATE OF BIRTH:						
3.	PLACE OF BIRTH:						
4.	VILLAGE:						
5.	TOWN:						
6.	LOCAL GOVERNMENT AREA OF ORIGIN:						
7.	(a) NAME AND ADDRESS OF PARENTS/GUARDIAN:						
	(b) GSM NO:						
8.	(a). ADDRESS TO WHICH CORRESPONDENCE SHOULD BE SENT						
	(b) TEL/GSM NO:						
	SECTION B:						
9.	(a). COURSE OF STUDY (b) DURATION (b) DURATION (c)	ON:					
10	10. DEPARTMENT:CURRENT CGPA						
11	11. DATE OF COMMENCEMENT OF COURSE:						
12. EXPECTED DATE OF COMPLETION OF COURSE:							
13	. ARE YOU ENJOYING ANY SCHOLARSHIP/BURSARY AWARD?						
14	. IF YES, STATE VALUE AND SOURCE:	YES	NO				

SECTION C

ATTESTATION:

15. (TO BE COMPLETED BY HEAD OF DEPARTMENT)				
I,				
information given by the applicant in section A and B of this form, is to the best of my knowledge				
(correct/not correct).				
HEAD OF DEPARTMENT'S SIGNATURE (Official Stamp and Date)				
SECTION D:				
16. Endorsement by a financial member of Awka Area Association				
hereby declare that is well known to me and to the best of my nowledge, the information provided is correct.				
SIGNATURE DATE				
FOR OFFICIAL USE ONLY				

SECTION E:

	DATE	DECISION	SIGNATURE
Application received			
Screening			
Recommendation			
Final selection			
Decision communicated			