**AWKA AREA ASSOCIATION (AAA)**

**UNIVERSITY OF NIGERIA, NSUKKA**

**SCHOLARSHIP AWARD SCHEME**

**The above association invites applications from her best students who are in their final year in the 2019/2020 academic year for consideration for a scholarship.**

**This phase of the scholarship will cover students in the Faculties of Agriculture, Arts, Biological Sciences, Education and Engineering.**

**Interested students from Aguata, Anaocha, Awka North and South, Dunukofia, Njikoka, and Orumba North and South Local Government Areas of Anambra State are invited to apply not later than Wednesday, February 20, 2020 using the attached form.**

**Completed applications should be sent to any of the following:**

**1) Ezeanyika, Lawrence U. S., Ph.D 2) Anaduaka, Emeka G., Ph.D**

 **(08037740067) (08064212224)**

 **Department of Biochemistry Department of Biochemistry**

**3) Obi, Bonaventure C. 4) Okoyeuzu, Chigozie F**

 **(08035704228) (07052752837)**

 **Department of Pharmacology Department of Food Science and**

 **Technology**

**AWKA AREA ASSOCIATION (AAA)**

**UNIVERSITY OF NIGERIA, NSUKKA**

**SCHOLARSHIP AWARD SCHEME**

Passport

**For her Best Students in their Penultimate Year**

1. (a). NAME:……………………………………………………….

(SURNAME FIRST)

(b). GSM NO …………………………………………………………………………………….

1. DATE OF BIRTH:………………………………………………………………………………….
2. PLACE OF BIRTH:……………………………………………………………………….............
3. VILLAGE:…………………………………………………………………………………..........
4. TOWN:……………………………………………………………………………………............
5. LOCAL GOVERNMENT AREA OF ORIGIN:………………………………………………….
6. (a) NAME AND ADDRESS OF PARENTS/GUARDIAN:…………………………………….

…………………………………………………………………………………………...........

(b) GSM NO:…………………………………………………………………........................

1. (a). ADDRESS TO WHICH CORRESPONDENCE SHOULD BE SENT………....................

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

(b) TEL/GSM NO:………………………………………………………………………….........

**SECTION B:**

1. (a). COURSE OF STUDY ………………………………….. (b) DURATION:……….
2. DEPARTMENT:…………………………………..........CURRENT CGPA……………..
3. DATE OF COMMENCEMENT OF COURSE:…………………………………………..
4. EXPECTED DATE OF COMPLETION OF COURSE:…………………………………..
5. ARE YOU ENJOYING ANY SCHOLARSHIP/BURSARY AWARD?

NO t

YES t

1. ­IF YES, STATE VALUE AND SOURCE:

**SECTION C**

**ATTESTATION:**

1. (TO BE COMPLETED BY HEAD OF DEPARTMENT)

I, ………………………………………………………………………… hereby certify that the 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

I, ……………………………………………………………………………… hereby declare that ………………………………………………… is well known to me and to the best of my knowledge, the information provided is correct.

 …………………………………………..

 SIGNATURE DATE

FOR OFFICIAL USE ONLY

**SECTION E:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **DATE** | **DECISION** | **SIGNATURE** |
| Application receivedScreeningRecommendationFinal selectionDecision communicated |  |  |  |