

(FILL IN CAPITAL LETTERS)

IYEREGO ORUBO WARIKUBU

Ngeme-Biri/Orubo-Ama, Koniju Town, Okrika. Rivers State. www.iyeregorubo.org

EMAIL:

GSM NO:

S/NO:

IYEREGO ORUBO EDUCATIONAL PALIATIVE

SCHOLARSHIP AWARD SCHEME

AFFIX PASSPORT
PHOTOGRAPH

APPLICATION FORM

(FILL IN CAPITAL LETTERS)

PERSONAL DATA

SURNAME:			FIRST NAME			MIDDLE NAME		
PHONE NO:			EMAIL:					
DATE OF BIRTH:		PLACE OF BIRTH:		RELIGION:				
CONTACT ADDRESS:								

ACADEMIC PROGRAMME DETAILS

NAME OF INSTITUTION:					
YEAR OF ADMISSION:		MATRIC NO:		JAMB SCORE:	
DEPARTMENT:			FACULTY:		
TUITION (SCHOOL) FEE PER SESSION:			PRESENT LEVEL AT THE TIME OF APPLICATION:		
ATTACH ONE OF THE LISTED MEANS OF IDENTIFICATION: 1. NATIONAL ID <input type="checkbox"/> 2. VOTER'S CARD <input type="checkbox"/> 3. DRIVER'S LICENSE. <input type="checkbox"/> 4. LGA OF ORIGIN LETTER OF IDENTIFICATION <input type="checkbox"/>					
ATTACH THE FOLLOWINGS: 1. ADMISSION LETTER 2. RECOMMENDATION LETTER FROM YOUR DEPARTMENT/FACULTY 3. RECEIPT OF PREVIOUS SCHOOL/TUITION PAYMENT.					

BANK DETAILS:

STUDENT'S UNDERTAKING

I Hereby Certify That The Information I Have Given Of Myself Above, Is True And Correct To The Best Of My Knowledge, If Found Otherwise, I Should Be Held Liable To Forfeit The Scholarship.

STUDENT'S NAME

STUDENT'S SIGN/DATE

FATHER'S NAME/PHONE NO:

MOTHER'S NAME/PHONE NO:

INDICATE YOUR WARIKUBU:

1. ADASIMAKA WARIKUBU: Chairman:(Name/Sign) Sec:(Name/Sign):
2. EBENE WARIKUBU: Chairman:(Name/Sign) Sec:(Name/Sign):
3. ABEKA WARIKUBU: Chairman (Name/Sign)..... Sec:(Name/Sign):

FOR OFFICIAL USE ONLY

AUTHORIZED SIGNATURES FOR APPROVAL:

(Name/Sign)

COMMITTEE SECRETARY

COMMITTEE CHAIRMAN

NB: THIS FORM IS NOT FOR SALE AND THEREFORE NOT TO BE REPRODUCED FOR ANY REASON. FILL IN CAPITAL LETTERS.