



AGBAMI SPECIAL MEDICAL AND ENGINEERING PROFESSIONALS SCHOLARSHIP PROGRAMME

SECTION 'A'	PARTICULARS OF APPLICANT
1	(a) Surname <div style="text-align: right; margin-left: 300px;"><i>(Capital Letters)</i></div> (b) First Name (c) Middle Name
2.	Sex:
3.	State of Origin:
4.	L.G.A: <i>(Attach Local Government Identification)</i>
5.	Home Town:
6.	Date of Birth:
7	(a) Present Residential Address: (b) Permanent Home Address:
8.	Telephone/Mobile:
9.	E-mail:
10	(a) Father's (or Guardian's) Name..... (b) Mother's (Maiden) Name:
11	(a) Parent's Occupation: (b) Parent's Address:





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SECTION 'B'

PARTICULARS OF COURSE OF STUDY

Complete the details about your course below

12 (a) Name of Institution.....

(b) Address of institution.....

(Please attach attestation letter from Dean of Student's Affairs and admission Letter from the institution)

13 Course Of Study.....

14 Matriculation Number.....

15 Jamb Registration No.....

16 Jamb Score.....
(Attach Jamb result for 100level students only)

17 Year of Entry.....

18 Present Level.....

19 **Expected** Year of Graduation.....

20 Degree in View.....

21 Current CGPA (e.g ^{3.0}/_{5.0}, ^{3.0}/_{4.0}...e.t.c):
Any alteration or false assertion automatically disqualifies you





22 REFEREES

Name two referees, one from your present academic institution and the other from long term knowledge, for your character.

(a) Name:

Address:

Occupation:

Signature.....

(b) Name:

Address:

Occupation:

Signature.....

Declaration: I, certify that;

(i) I am not at present enjoying any form of scholarship from any other Oil Company

(ii) I hereby declare that the above information supplied by me is correct

Signature: Date:

Form received by: Date:

SECTION 'C' TO BE COMPLETED BY APPLICANT'S INSTITUTION OF STUDY

Declaration:

I hereby confirm that the below information is correct

(i) HEAD OF DEPARTMENT

Name of Student:

Course of Study:

Matriculation/Registration Number:





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The current CGPA of the student is { e.g ^{3.0}/_{5.0}; ^{3.0}/_{4.0}...e.t.c }

NAME SIGNATURE/OFFICIAL STAMP DATE

(ii) DEAN STUDENTS AFFAIRS

(a) Is this applicant a part-time or full-time student in your institution?

(b) Any other relevant information:

NAME SIGNATURE/OFFICIAL STAMP DATE

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SECTION 'E' FOR OFFICIAL USE ONLY

(iii) Recommendation

(a) Qualified:

(b) Not Qualified:

(c) Name, Signature, Rank:

