

Ebiri Scholarship Application Form

Completed Application Forms must be received by **October 31, 2008** and should be forwarded to:

P. O. Box 118 or P. O. Box 25, IGBERE, Bende LGA, Abia State, Nigeria OR to the email address:

ebirischolarships@yahoo.com

Personal Identifiers

(Attach passport photo)

Student's Name:

Community:

Next-of-Kin:

University:

Course:

Year Admitted:

Year of Study:

Contact

Your Postal Address

E-mail:

Phone:

Your Permanent Address:

Academic Strength (Attach evidence)

1st Year GPA - Must be Above 3.3:

JAMB Score:

Year Obtained:

WAEC/NECO:

Year Obtained:

Other:

Other:

Your Case (Attach a separate sheet, if necessary)

State, in your own words, why you need this Scholarship (Maximum number of words is 500 words)

Other Information

For each statement, please tick only one box.

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
I have been involved in Community Service in Igbere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have had at least one major discipline problem at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My University degree will mean more than a meal ticket to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I belong or once belonged to a cult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referees/Guarantors:

I,, confirm that all information provided above is, to the best of my knowledge, accurate.

Signature:..... Date:

Notes - Official Use Only