ADLETT AWARDS AND UNDERGRADUATE SCHOLARSHIP FOUNDATION

AFFIX PASSPORT PHOTO

UNDERGRADUATE SCHOLARSHIP APPLICATION FOR RETURNING STUDENTS

INSTRUCTIONS (Please read carefully)

➢ Please complete all sections of this application form.
Incomplete forms will be not processed for this scholarship opportunity.

➢ The reference section should be completed and signed by the referee only.

➢ Send completed forms to Contact@adlett.org with your name and scholarship category as the email subject.

INSTITUTION CATEGORY (select only one option)

FEDERAL	STATE	PRIVATE

APPLICANT BIO-DATA

First Name:……. Last Name:…….

Date of Birth :…… Gender: Female……..Male……

State of Origin:……. Local Govt Area:…….

Phone Number :……. Email:……..

ACADEMIC HISTORY
(enter details of your current school enrolment)

Name Of Institution:……..

Faculty:…….. Department:……

Course:…….. Matric No:……

Current Level:……. CGPA:……..

ADDITIONAL QUALIFICATIONS
(enter details of your additional academic achievements)

Name of Institution:…….
Title Of Certificate:……. Date Awarded:……
Name Of Institution:…….
Title Of Certificate:…….. Date Awarded:……

ACADEMIC RECORD
(Enter the results obtained from your most recent academic session)

Session…… Semester……..

COURSE CODE	CORSE TITLE	SCORE/GEADE

Session:…… Semester:……..

COURSE CODE	COURSE TITLE	SCORE/GRADE

DECLARATION

I hereby certify that the information provided in the application is true and accurate to the best of my knowledge. I understand that the information provided here is subject to verification by the ADLETT Award and Scholarship Foundation and agree to produce copies of relevant documents in support of this application as may be requested. I also authorize the schools, academic institutions, examination bodies and personal references listed in this application to provide the ADLETT Award and Scholarship Foundation, through its employees or representatives, with any relevant information that may be sought in connection with this application. I understand they Amy misrepresentation or omission of a material fact in my application may disqualify me from being considered for this scholarship opportunity. If selected for this scholarship, I understand that the ADLETT Awards and Scholarship Foundation may publish my name as a beneficiary on its website and other publications.

Full Name……

Signature:……. Date:…….

INSTRUCTIONS (Please read carefully)

➢ This form should be completed and signed by the referee only.
➢ The referee should be a community/traditional leader, lecturer, teacher, head of a religious institution, or a public servant at Grade Level 10 and above.

Referee Name:……..

Applicant Name:……

Relationship With Applicant:……

Occupation:…… Organization:……

Phone Number:…… E-Mail:…….

Contact Address:…….

DECLARATION

I,……(Referee Name) here by express my support for……(Applicant Name) in his/her application for the ADLETT Award and Scholarship Undergraduate Application. I have known the applicant for …….. years and can attest to his/ her record of academic diligence and assert the he/she is of good character and deserving of the scholarship opportunity. I understand that ADLETT Award and scholarship foundation, through its employees or representatives, may contact me to verify my identity and/ or the information provided in the form before making a decision on his/ her scholarship application.

Full Name:……..

Signature:…… Date:……