



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 scholarships@woleogunyemifdn.com with your name and scholarship category as the email subject.

AFFIX PASSPORT PHOTO

INSTITUTION CATEGORY *(select only one option)*

FEDERAL
 STATE
 PRIVATE

APPLICANT BIO-DATA

FIRST NAME:	LAST NAME:
DATE OF BIRTH:	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
STATE OF ORIGIN:	LOCAL GOVT AREA:
PHONE NUMBER:	EMAIL:
RESIDENTIAL ADDRESS:	
.....	

ACADEMIC HISTORY

(enter details of your current school enrolment)

NAME OF INSTITUTION:	
FACULTY:	DEPARTMENT:
COURSE:	MATRIC NO:
CURRENT LEVEL:	CGPA:

UNDERGRADUATE RECORD

(enter details of your additional academic achievements)

NAME OF INSTITUTION:	
FACULTY:	DEPARTMENT:
DEGREE AWARDED:	DATE AWARDED:



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.
- Completed forms may be submitted online at <https://woleogunyemifdn.com/scholarships> or via email to scholarships@woleogunyemifdn.com

REFEREE NAME:	
APPLICANT NAME:	
RELATIONSHIP WITH APPLICANT:	
OCCUPATION:	ORGANIZATION:
PHONE NUMBER:	EMAIL:
CONTACT ADDRESS:	

DECLARATION

I, _____ (Your Name) hereby express my support for _____ (Applicant's Name) in his/her application for the Wole Ogunyemi postgraduate scholarship application. I have known the applicant for _____ years and can attest to his/her record of academic diligence and assert that he/she is of good character and deserving of this scholarship opportunity. I understand that the Wole Ogunyemi 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: