



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

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:	

HIGHEST LEVEL OF EDUCATION *(select only one option)*

- | | | |
|--|---|--|
| <input type="checkbox"/> PRIMARY SCHOOL | <input type="checkbox"/> SECONDARY SCHOOL | <input type="checkbox"/> TECHNICAL COLLEGE |
| <input type="checkbox"/> NCE/NTE/DIPLOMA | <input type="checkbox"/> POLYTECHNIC | <input type="checkbox"/> UNIVERSITY |

VOCATIONAL PROGRAM CATEGORY *(select only one option)*

- | | | |
|--|--|--|
| <input type="checkbox"/> CARPENTRY | <input type="checkbox"/> BRICKLAYING | <input type="checkbox"/> PLUMBING |
| <input type="checkbox"/> ELECTRICAL WORK | <input type="checkbox"/> ELECTRONIC REPAIR | <input type="checkbox"/> GSM ENGINEERING |
| <input type="checkbox"/> FASHION DESIGN | <input type="checkbox"/> HAIRDRESSING | <input type="checkbox"/> MAKE-UP/SKIN CARE |
| <input type="checkbox"/> PHOTO/VIDEOGRAPHY | <input type="checkbox"/> ELECTRONIC REPAIR | <input type="checkbox"/> GSM ENGINEERING |
| <input type="checkbox"/> ICT/PROGRAMMING | <input type="checkbox"/> FISHERY/POULTRY | <input type="checkbox"/> OTHER |

PROGRAM DURATION *(select only one option)*

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> 3 - 6 MONTHS | <input type="checkbox"/> 6 - 9 MONTHS | <input type="checkbox"/> 9 - 12 MONTHS |
|---------------------------------------|---------------------------------------|--|

PROGRAM COST *(select only one option)*

- | | | |
|--|--|--|
| <input type="checkbox"/> N10,000 - N24,000 | <input type="checkbox"/> N25,000 - N49,000 | <input type="checkbox"/> N50,000 - N75,000 |
|--|--|--|



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 vocational 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: