



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:

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DECLARATION

I, _____ (Your Name) hereby express my support for _____ (Applicant's Name) in his/her application for the Wole Ogunyemi WAEC/NECO SSCE 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: