

IGALA ASSOCIATION USA SCHOLARSHIP PROGRAM

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2020 APPLICATION FORM

APPLICATION PERIOD: *March 1 – May 15th, 2020*

SUBMITTING YOUR APPLICATION: You can submit your application:

ON OUR WEBSITE: Complete your application online at www.igalaassociationusa.org and upload your supporting documents

DEADLINE: All completed application and supporting documents **MUST** be submitted together by **May 15th, 2020**

PERSONAL INFORMATION:

1. NAME IN FULL: _____
2. DATE OF BIRTH: _____
3. PLACE OF BIRTH: _____

4. **SEX** (Circle whichever is applicable): **Male** **Female**

5. **VILLAGE/TOWN OF ORIGIN** _____ **LGA** _____ 6.

CURRENT ADDRESS (for correspondence): _____

7. **PHONE NUMBER(S)**: _____ ; _____

8. **EMAIL ADDRESSES**: _____ ; _____

9. **NAME & PHONE NUMBER OR EMAIL ADDRESS OF AT LEAST ONE PARENT OR GUARDIAN:**

Father's Name: _____ Email: _____ Phone: _____

Mother's Name: _____ Email: _____ Phone: _____

Guardian's Name: _____ Email: _____ Phone: _____

Parent OR Guardian's Occupation: _____

10. **COURSE OF STUDY** (or desired course of study) : _____

11. EDUCATIONAL RECORDS

Name of School Attended	School Address	Years Attended		Diploma/Certificate Received
		From	To	

12. Academic distinctions or prizes received (if any): _____

13. Extra-curricular activities/hobbies: _____

REFERENCES: Provide three references, including your senior secondary school principal and at least one teacher

Name	Position/Title	Address	Phone No.
1.			
2.			
3.			

In 400 words tell us about yourself and why this scholarship is important to you .