

# EKITI STATE SCHOLARSHIP BOARD, ADO-EKITI

## 2020/2021 SCHOLARSHIP APPLICATION FORM FOR FULL-TIME PHYSICALLY CHALLENGED STUDENTS ONLY (OND/NCE/HND/BACHELOR'S DEGREE)

Staple Passport  
Photograph. Write  
your Name,  
Institution & Form  
Number at the back.

**INSTRUCTION:**

- (i) Sections 'A' and 'B' to be completed in Applicant's own handwriting.
- (ii) Ensure that sections 'C' and 'D' are completed by the appropriate persons.

**SECTION 'A' PARTICULARS OF APPLICANTS**

1. (a) Surname:.....  
(Capital Letters)
- (b) Other Names:.....
2. Sex:.....
3. Marital Status:.....
4. Home Town:.....
5. L.G.A:.....
6. Place of Birth:.....
7. Date of Birth:.....
8. Present Residential Address:.....
9. Mobile Phone Number:.....
10. Postal Address:.....
11. Permanent Home Address:.....
12. Father's/Guardian's Name:.....
13. Mother's/Guardian's Name:.....
14. Parent's Occupation: (a) Father:.....  
(b) Mother:.....
15. Parent's Address:.....
16. Bank Details (Name, Number, etc.):.....

**SECTION 'B' PARTICULARS OF COURSE OF STUDY**

17. Complete the details below about your course:
  - (i) Name and Address of the Institution of Learning:.....  
(Please attach letter of Offer of Admission)
  - (ii) Course of Study:.....
  - (iii) Matriculation No.:.....
  - (iv) Duration of Course:.....
  - (v) Present Level:.....
  - (vi) Expected Date of Completion of Course:.....
  - (vii) Degree/Certificate in View.....
  - (viii) Current C.G.P.A:.....
  - (ix) Indicate the nature of disability e.g Deaf and dumb, blind, physically challenged, etc.:.....
  - (x) Attach photocopies of all your educational credentials.  
*Any alteration or false assertion automatically disqualifies the applicant.*
18. Give the name and address of two referees (not relatives). One of your referees must be the Head of Department of your present or last educational Institution or your employer:
  - (i) Name:.....  
Address:.....
  - (ii) Name:.....  
Address:.....

## EKITI STATE SCHOLARSHIP APPLICANTS FORM ACKNOWLEDGEMENT SLIP (PHYSICALLY CHALLENGED STUDENTS)

- Name:.....  
(Surname First)
- Institution of Learning:.....
- Form received by:..... Date:.....
- Name:.....
- Rank:.....
- Date:.....

Staple Passport  
Photograph. Write  
your Name,  
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Number at the back.

19. Have you enjoyed Ekiti State Scholarship before?.....
20. **Declaration:** I, ....., certify that:
- (i) I (am/am not) at present enjoying any form of Scholarship.
- (ii) The above information supplied by me is correct.
- Signature:..... Date:.....

**SECTION 'C' TO BE COMPLETED BY THE INSTITUTION**

21. Declaration: .....
- I hereby confirm that the above information is correct
- (i) **HEAD OF DEPARTMENT**
- The current CGPA of the student is [*please write in words (CAPITAL) and in figure e.g FOUR POINT TWO FOUR (4.24)*]:.....

NAME	SIGNATURE/OFFICIAL STAMP	DATE
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- (ii) **REGISTRAR**
- (a) Is the applicant a Part-Time or Full-Time Student in your Institution? .....
- (b) Any other relevant information .....

NAME	SIGNATURE/OFFICIAL STAMP	DATE
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**SECTION 'D' AUTHENTICATION BY THE LOCAL GOVERNMENT CHAIRMAN**

22. (To be signed by the Chairman of Local Government Area of Applicant. Chairman of Local Government Area is advised not to authenticate the form of applicant who is not from his/her Local Government Area.)
- I declare that the applicant is an indigene of (town) ..... in .....
- ..... Local Government Area of Ekiti State.
- Name of Chairman of the Local Government Council .....

Signature/Official Stamp	Date
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**SECTION 'E' FOR OFFICIAL USE ONLY**

23. **RECOMMENDATION**
- (i) Qualified:.....
- (ii) Not Qualified:.....
- (iii) Name, Signature, Rank:.....