



FORM NO.: EKSSB/PGC.....

EKITI STATE SCHOLARSHIP BOARD, ADO-EKITI
2023/2024 APPLICATION FORM UNDERGRADUATE
SCHOLARSHIP PROGRAMME
PHYSICALLY CHALLENGED

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) 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:.....

FORM NO EKSSB/PGS.....

EKITI STATE SCHOLASHIP APPLICATION FORM ACKNOWLEDGEMENT SLIP
(PHYSICALLY CHALLENGED STUDENTS)

Name:.....
(Surname First)

Institution of Learning:.....

Form received by:..... Date:.....

Name:.....

Rank:.....

Date:.....

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19. Have you enjoyed Ekiti State Bursary before?.....
20. **Declaration:** I,, Certify that:
- (i) I (am/am not) at present enjoying any form of Bursary.
- (ii) I hereby declare that 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**
-
- | | | |
|------|--------------------------|------|
| NAME | SIGNATURE/OFFICIAL STAMP | DATE |
|------|--------------------------|------|
- (ii) **REGISTRAR**
- (a) Is the applicant a Part-Time or Full-Time Student in your Institution?.....
- (b) Any other relevant information (type of disability).....
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- | | | |
|------|--------------------------|------|
| NAME | SIGNATURE/OFFICIAL STAMP | DATE |
|------|--------------------------|------|

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.....

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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:.....