

COD WISDOM GROUP SCHOLARSHIP SCHEME

Scholarships for Undergraduate Students in Nigerian Universities

YEAR 2017/2018 APPLICATION FORM (FULL OR PARTIAL SCHOLARSHIP)

Academic Year: _____

Attach passport photo
here.

This Application Form should be submitted by the applicant to:

The Secretary,
Wisdom Group Scholarship Scheme (WGSS),
c/o Church Office,
RCCG City of David Parish,
Victoria Island, Lagos, Nigeria.
Email: wisdom.group@cityofdauidng.org

Information leaflet about the scholarships can be picked up at the Church office or can be viewed on the Church's website www.cityofdauidng.org

PART I (To be completed by Applicant)

A. Personal Data

- i. Name in full (Mr/Mrs/Miss): _____
- ii. Address: _____
- iii. Proposed/Current Programme/University: _____
- iv. Day-time Contact TelephoneNo: _____
- v. EmailAddress: _____
- vi. Date joinedCOD: _____
- vii. House FellowshipGroup: _____
- viii. House fellowship Leader: _ _ _ _ _
- ix. Date of Birth: _____
- x. Group or persons affiliated with in Church: _____

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B. Academic Achievements and Professional Qualifications

(Give as much details as would promote your application such as honours or awards, subject, etc.)

Post Secondary school (if applicable)

Name of Institution	Certificates/Grades Attained with Details	Date attained

Secondary School

From (Month/Year)	To (Month/Year)	Name of Institution	Subjects taken	Grades obtained

** Please attach copies of supporting documents*

Signature: _____ Date: _____

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- C.** Applicants are kindly requested to detail their experience in COD in the last twelve months, and write a 500-word essay on how the award will positively affect their professional, personal and spiritual goals.

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PART II (to be completed by Applicant's Referees)

Name: _____

Role / Activities in Church: _____

Relationship with Applicant: _____

Character reference on Applicant:

Recommendation, stating why student is deserving of scholarship (Please attach evidence if available)

Name: _____

Signature and Date: _____

Phone Number: _____

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PART III (to be completed by member of Screening Committee) I

recommend / do not recommend the applicant for the scholarship.

Remarks:

Name: _____

Signature: _____

Date: _____

PART IV (to be completed by Chairman, Scholarship Screening Committee)

The Scheme Committee **recommends/does not recommend** the applicant for the scholarship.

Remarks:

Name: _____

Signature: _____

Date: _____