

PLEASE PROVIDE THE INFORMATION BELOW IN BLOCK LETTERS:

SURNAME:

OTHER NAMES:

DATE OF BIRTH:

PLACE OF BIRTH:

HOME ADDRESS:

HAVE YOU EVER BEEN A BENEFICIARY OF THE TAYO OYETIBO SCHOLARSHIP PROGRAMME?

NAME OF LOCAL GOVERNMENT IN ONDO:

NAME OF LOCAL GOVERNMENT CHAIRMAN IN ONDO:

YOUR PHONE NUMBER:

YOUR EMAIL ADDRESS:

PARENT'S/GUARDIAN'S NAMES:

PARENT'S/GUARDIAN'S OCCUPATION:

FATHER/GUARDIAN'S MONTHLY INCOME:

MOTHER/GUARDIAN'S MONTHLY INCOME:

PARENT'S/GUARDIAN'S ADDRESS:

YOUR MARITAL STATUS:

INSTITUTIONS ATTENDED WITH DATES:

PRESENT INSTITUTION:

LEVEL (100,200, ETC):

COURSE OF STUDY:

GRADE POINT AVERAGE (GPA):

NAMES OF REFEREES (ONE FROM INSTITUTION, ONE FROM LOCAL GOVERNMENT IN ONDO):

PHONE NUMBERS AND ADDRESSES OF REFEREES:

IS ANY OF YOUR PARENTS DECEASED? IF YES, PLEASE PROVIDE DATE OF DEATH:

PLEASE PROVIDE PASSPORT PHOTOS OF LIVING PARENTS/GUARDIANS:

TAYO OYETIBO SCHOLARSHIP 2024