



# BODE AMAO FOUNDATION

AMAZING GRACE VILLA, BALOGUN ODERINLO CLOSE GRA,  
OFF SECRETARIAT GOVERNMENT HOUSE ROAD,  
P. O. BOX 7088, SECRETARIAT, IBADAN, OYO STATE, NIGERIA.  
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## APPLICATION FORM

FOR OFFICIAL USE ONLY

Reg. No.....  
Course: .....  
Course Level: .....  
State:.....  
C.G.P.A.....  
Remarks:.....

Attach 3 passport  
photographs, write  
your name, address  
on the passports and  
staple here.

1. (a) Surname:..... Matric./Reg. No.....  
(Capital Letters)
- (b) Other Names:.....
2. Sex:..... 3. Marital Status:.....
4. State of Origin:..... 5. LGA:.....
6. Place of Birth:..... 7. Date of Birth:.....
8. Present Address:.....  
.....
9. Telephone Number:.....
10. Permanent Home Address:.....  
.....
11. Father's (or Guardian's) Name:.....
12. Mother's (or Guardian's) Name:.....
13. Parent's Occupation:.....  
.....
14. Name & Address of Next of Kin:.....

Name of Secondary School(s)	Subjects	SSC	Date	GCE	Date

**Complete the details below about your course:**

16. i) Name and address of the institution .....
- .....  
(Please attach letter of offer of admission)
- ii) Course for which you were admitted:.....
- iii) Expected duration of course:.....
- iv) Expected date of completion of course:.....
- v) Degree in view:.....
17. Results of sessional examinations i.e. CGPA: 100 Level/IJMB/A Level:.....  
200 Level:.....  
300 Level:.....  
400 Level:.....  
500 Level:.....  
600 Level:.....
18. Are you enjoying any scholarship(s)?:.....
- If yes, specify:.....
19. Are you bonded or indebted to any organization, government, institution, employer, etc.  
If yes, please give details below. Also, attach a letter from the organization concerned  
that you will be allowed to take up the award if successful.
- (i) Name and address of organization:.....  
.....
- (ii) Amount or value of Bond or Indebtedness: N.....

20. Name of two referees, one from your present academic institution for your performance and the other from long term knowledge, for your character.

(a) Name:.....

Address:.....

.....

Position:.....

(b) Name:.....

(c) Address:.....

.....

Position:.....

21. Any other Relevant Information:.....

.....

.....

.....

22. **Declaration:**

I hereby confirm that the above information is correct.

.....  
Signature of Candidate

.....  
Date

**23. CONFIRMATION**

**1. HEAD OF DEPARTMENT**

.....  
NAME SIGNATURE DATE

**2. DEAN OF FACULTY**

.....  
NAME SIGNATURE DATE

**3. REGISTRAR**

.....  
NAME SIGNATURE DATE

.....

SEAL/OFFICIAL STAMP OF INSTITUTION AND DATE

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<p>1. Documents Submitted:</p> <p>Photocopies of: Sessional Result:..... ID Card:..... Admission Letter (JAMB):..... Course Registration:..... Medical Certificate/HIV (Original):..... Letter of Identification from LGA (Original):.....</p> <p>2. Officers' Comments and Recommendations:..... ..... .....</p> <p>3. Final Decision: Recommended for award/Not Recommended for Award.</p> <p>..... Name of Officer Signature</p>
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