

ABUAODUAL USA™ CORPORATION SCHOLARSHIP APPLICATION 2008/2009

INSTRUCTIONS:

Please type all applications in black ink. This application will be used to evaluate undergraduate and graduate students for one-time one-year scholarship awards at recognized and approved universities in Nigeria. To be eligible, a student must meet the requirements as specified by the scholarship.

All necessary materials (completed application form, essay, and supporting academic documents such as unofficial university transcripts or WASC result for incoming freshmen) must be received on or before November 20, 2008 at the address below. Applicants are strongly encouraged to submit all necessary documents as soon as possible to assure that last-minute delay will not preclude consideration for a scholarship award. Scholarship application submitted without supporting relevant transcripts will not be considered.

REQUIREMENTS FOR ABUAODUAL USA™ CORPORATION SCHOLARSHIP:

To be considered for scholarship, you must: be an indigene of Abua or Odual in the Abua/Odual Local Government Area (ABOLGA); have and show a financial need; complete the application form; be enrolled in a graduate or undergraduate degree program and in good academic standing (with an average grade of B or above) at a recognized Nigerian university; be willing to be meaningfully involved in community activities and development of Abua/Odual; submit a typed essay on a separate piece of paper, written entirely on your own (of 700 to 1,000 words), describing your interests and why you should be awarded a scholarship, your accomplishments, and your future plans or goals, and how you plan to assist in the development of Abua/Odual; and submit three letters of recommendation (one of which must be from a lecturer or administrator at your university) in sealed envelope.

PERSONAL INFORMATION

Full Name: _____ University ID Number: _____

Mailing Address: _____

Telephone Number (if any): _____ E-mail Address (if any): _____

Date of Birth: _____ Place of Birth: _____

Sex: Male Female Name of Parent or Guardian: _____

Major Field of Study: _____ Year: _____ GPA: _____

Expected Graduation Date: _____ High School Attended: _____

Are You on Scholarship? Yes No If Yes, What Type and Amount: _____

STUDENT CERTIFICATION:

My signature below certifies that the information provided in this application is accurate and complete to the best of my knowledge. If I am selected as a scholarship recipient, I authorize AbuaOdual USA™ Corporation to share this information for the purposes of publicity and recognition, or any other related activities of the corporation.

Signature: _____ Date: _____

Scholarship application and supporting documents must be mailed to the Chair, Outreach Committee, c/o Secretary, AbuaOdual USA™ Corporation, P.O. Box 090140, Milwaukee, Wisconsin 53209, USA.