

# Ondo State Scholarship Board

Alagbaka, Akure, Ondo State, Nigeria

## **BURSARY ATTESTATION FORM**

### **SECTION A – AFFIRMATION BY APPLICANT**

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I hereby declare that every information given by me in this application is true to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **SECTION B – ATTESTATION BY APPLICANT'S DEAN/HEAD OF SCHOOL/ FACULTY/ COLLEGE/DEPARTMENT**

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*I declare that the information provided below is correct and truthful:*

- i. For how long has the Applicant been in your department? \_\_\_\_\_
- ii. Any other relevant information about the applicant which could help determine his/her suitability for the award of bursary? \_\_\_\_\_
- iii. State whether this applicant is a Remedial, Part-Time or Full-Time student in your department.  
\_\_\_\_\_

Name of the Dean/HOD: \_\_\_\_\_

Rank: \_\_\_\_\_ Signature: \_\_\_\_\_

Official Stamp/Date: \_\_\_\_\_

\_\_\_\_\_  
Name and Signature of the Authorized Verifier in the Institution

### **SECTION C – LOCAL GOVERNMENT ATTESTATION**

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*To be signed by the appropriate chairman of L.G.A of applicant (attach a letter of identification from his/her Local government Area). The board relies on the chairman's authentication and the Local Government letter of identification to confirm the identity of the applicant.*

I declare that the applicant is an indigene of \_\_\_\_\_ in \_\_\_\_\_  
Local Government area of Ondo State.

Name of Chairman of Local Government Council: \_\_\_\_\_

\_\_\_\_\_  
*Signature and Official Stamp*

\_\_\_\_\_  
*Date*