

Ondo State Scholarship Board

Alagbaka, Akure, Ondo State, Nigeria

SCHOLARSHIP ATTESTATION FORM

SECTION A – DECLARATION BY APPLICANT

I _____ certify that:

- a. I am not at present enjoying any form of Scholarship.
- b. I hereby declare that the above information supplied by me is correct

Signature: _____

Date: _____

SECTION B – TO BE COMPLETED BY THE INSTITUTION

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

I. HEAD OF DEPARTMENT

The CGPA of the student is (*Please, write in words (CAPITAL) and figure e.g. FOUR POINT TWO FOUR 4.24*) _____

_____ NAME	_____ SIGNATURE/OFFICIAL STAMP	_____ DATE
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II. REGISTRAR

i. Is this Applicant a Part-Time or Full-Time student in your institution? _____

ii. Any other relevant information: _____

_____ NAME	_____ SIGNATURE/OFFICIAL STAMP	_____ DATE
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SECTION C – LOCAL GOVERNMENT ATTESTATION

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