



KLUB DE 8

Scholarship Form

Affix 2 Recent
Passport
Photographs

IMPORTANT!

Applicants for this Scholarship MUST be indigenes of Kunavland who have done their secondary education in Benue State and are currently in 100 Level of a full-time course in any recognized University.

FORM No. _____

Name: _____
Surname First name Middle name

Permanent Address: _____

Contact Address: _____

Date of Birth: _____ Sex: _____ Phone Number: _____

Local Government: _____ Ward: _____

Kindred: _____ Name of Kindred Head: _____

Institution currently attending: _____

Course of Study: _____

Duration of Course: _____ Current Level: _____

CGPA (If applicable) _____ Expected Graduation Date _____

Schools Attended with dates

Name of School	Start Date	Date Completed	Certificate Obtained
1.			
2.			
3.			

Are you currently receiving other financial support towards your education? Yes ☐ No ☐

If yes, State the nature _____

Have you applied for other scholarships? Yes ☐ No ☐

If No, why not _____

How did you hear about this scholarship? friend ☐ church ☐ school ☐ website ☐

others (pls specify) _____

I certify that the statements which I have provided herein for this application are correct Sign/Date: _____



REFEREE/GUARANTOR'S FORM

Please Note:

Acceptable Referees/Guarantors includes; a member of Klub De 8 from the Clan of the Applicant and Head Teacher of Applicant's former school or Lecturer in th Applicant's Current Department.

REFEREE 1

Full Name_____

Contact Address:_____

Email:_____ Phone No.:_____

Clan_____ Sex_____

Name of Institution_____

Designation/Rank_____

Sign_____ Date_____

REFEREE 2

Full Name_____

Contact Address:_____

Email:_____ Phone No.:_____

Clan_____ Sex_____

Name of Institution_____

Designation/Rank_____

Sign_____ Date_____

FOR OFFICIAL USE ONLY

Recommended: ☐ Not Recommended: ☐

Reasons for the recommendation_____

Recommended by:_____ Sign/Date:_____

Approved: ☐ Not Approved: ☐

Approved by:_____ Sign/Date:_____

President's Remarks_____

Sign/Date:_____