



# MRS OIL NIGERIA PLC SCHOLARSHIP APPLICATION FORM

To be completed by the child of MRS Oil Nigeria Plc. employee

Please affix one  
Passport  
Photograph (with  
White background)

## STUDENT INFORMATION

SURNAME: \_\_\_\_\_ OTHER NAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

GENDER: \_\_\_\_\_ STATE OF ORIGIN: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## ACADEMICS

### For Secondary School Applicants Only

SCHOOL NAME: \_\_\_\_\_ CLASS: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

NAME/CONTACT NUMBER OF PRINCIPAL: \_\_\_\_\_

SUBJECTS AND GRADES: \_\_\_\_\_  
\_\_\_\_\_

### For Tertiary Applicants Only

SCHOOL NAME: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

COURSE OF STUDY: \_\_\_\_\_

NAME/CONTACT NUMBER OF HEAD OF DEPARTMENT: \_\_\_\_\_  
\_\_\_\_\_

CGPA (Not applicable for first year students): \_\_\_\_\_

## ENDORSEMENT

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Principal/Head of Department Signature, Stamp and Date



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## EMPLOYEE'S INFORMATION

To be completed by the Parent of the Applicant

Please circle as appropriate

### EMPLOYEES INFORMATION

EMPLOYEE'S SURNAME: \_\_\_\_\_ OTHER NAMES: \_\_\_\_\_

EMPLOYEE'S REGISTERED NUMBER: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_

MEANS OF IDENTIFICATION: (International Passport, Driver's License, Voter's Card or NIN):

(Copy of the ID to be submitted along with the form)

### ATTESTATION

\*I declare that the contents of this form are true in substance and fact. I fully understand the meaning thereof and I am willing to submit supporting documentation should it be required.

\*I understand that any falsification, omission or concealment of material fact to this application will subject me to an investigation by the relevant authorities and my child(ren) would cease to be eligible for the scholarship.

### ENDORSEMENT

PARENT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_