



MRS OIL NIGERIA PLC SCHOLARSHIP APPLICATION FORM

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

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



Please affix one
Passport
Photograph (with
White background)

SHAREHOLDER'S INFORMATION

To be completed by the Parent of the Applicant

Please circle as appropriate

EMPLOYEES INFORMATION

SHAREHOLDER'S SURNAME: _____ OTHER NAMES: _____

SHAREHOLDER'S SHARE CERTIFICATE 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: _____