



# The American Women's Club of Lagos

## Scholarship - New Applicants

Dear Applicant, The AWC is dedicated to helping committed Nigerian women and men from Lagos, who are currently attending university full-time, to complete their education. To determine your eligibility for this program, the following documents and information must be submitted by the deadline.

1. A completed application form. **An address in Lagos is mandatory.**
2. Verification of enrollment (see attached form).
3. A copy of your WAEC RESULT from secondary school.
4. A copy of JAMB results.
5. A copy of your school ID.
6. A copy of grades/assessments from university.
7. A letter of recommendation from your American Women's Club sponsor.
8. Two recent signed and dated passport photographs.
9. Receipts for all expenses for tuition, books and student fees.

The deadline for submitting these forms will be communicated. **All completed applications should be given directly to your sponsor in ample time for her to review it and give it to the Scholarship Committee.** Any application received after the specified date will not be considered.

There is a mandatory interview for all new applicants. Date for this will be communicated on the news portal of our website.

Interviews will be held at the US Guest Quarters (GQ). At your interview, be prepared to write a one-page essay on a topic chosen for you. ***You MUST appear in person at this interview to be considered for a scholarship.***

Sincerely,  
The Scholarship Committee.



## The AWC Scholarship Application for New Students

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

### **Biographical Information**

Surname \_\_\_\_\_ First Name \_\_\_\_\_  
Birth date (DD/MM/YY) \_\_\_\_\_ Nationality \_\_\_\_\_ Sex \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_  
GSM Phone Number \_\_\_\_\_  
\*\*\*Email \_\_\_\_\_

### **Family Information**

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
Father's GSM number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
Mother's GSM number \_\_\_\_\_  
Annual Income of your Parents/Guardians \_\_\_\_\_

How many siblings do you have? \_\_\_\_\_

Are any of them currently in university or are university graduates? \_\_\_\_\_

Are any of them currently working? \_\_\_\_\_ YES \_\_\_\_\_ No

If yes, address of employer \_\_\_\_\_

Are any of them former or current AWC scholarship recipients? YES or NO (**Circle one**)

If yes, give information of their present location/employment, e-mail and cell phone #

\_\_\_\_\_

### **Educational Information**

What is the last school you attended? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Last calendar year attended \_\_\_\_\_

What school or institution are you attending now? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Are you in a diploma program at this institution? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, is it a one year or two year program? \_\_\_\_\_

What is your course of study? \_\_\_\_\_

You are currently enrolled in \_\_\_\_\_ semester of \_\_\_\_\_ level.

Anticipated month/year of graduation: \_\_\_\_\_

Does your field of study require an Industrial Attachment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, during what level are you required to begin fulfilling this commitment? \_\_\_\_\_



Length of IA? \_\_\_\_\_

The above information is true and accurate, and by signing this application, I give permission to The American Women's Club of Lagos to seek verification of these items.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I agree that if I am a recipient of a scholarship I will be required to devote 5 hours minimum community service to any charity, including but not limited to The American Women's Club activities, special events, or charities.

I acknowledge that this is only a partial scholarship, intended to help pay school fees, tuition, and books. It is not to be used for things such as transportation, housing, etc. Students need to apply for these scholarship awards annually. This scholarship is not guaranteed to continue every year.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



# The American Women's Club Scholarship Program

## FULL-TIME ENROLLMENT VERIFICATION

To Whom It May Concern:

Reference (Student Name): \_\_\_\_\_ Date: \_\_\_\_\_

The above named student is applying for a scholarship from The American Women's Club of Lagos. To provide assistance to the student, it is necessary for our Scholarship Committee to receive an official verification from your office indicating the above named student is enrolled as a full-time student and is in good academic standing.

Our organization appreciates you taking your time to fill in the information requested below. Please sign and stamp the bottom of this letter using your school's official school stamp or seal. Your prompt attention to this request is appreciated.

Sincerely yours,

The American Women's Club of Lagos  
Scholarship Committee Chairperson

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## VERIFICATION OF FULL-TIME ACADEMIC ENROLLMENT

This certifies that \_\_\_\_\_ is currently enrolled as a student in  
(Student name)

\_\_\_\_\_  
(Name of institution)

\_\_\_\_\_  
(Faculty/Department)

\_\_\_\_\_  
(Major Field of Study)

Is this student in good academic standing? Yes \_\_\_\_\_ No \_\_\_\_\_

This student is currently in \_\_\_\_\_ of \_\_\_\_\_ and is expected to graduate in \_\_\_\_\_  
(Semester) (Year or Level) (Month and Year)

Is an Industrial Attachment required? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, beginning what month and year? \_\_\_\_\_ Length of Industrial Attachment? \_\_\_\_\_

\_\_\_\_\_  
Signature of Dept. Head

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

Official School Stamp Here: