SCHOLARSHIP APPLICATION FORM

All parts of the application must be completed and submitted with a copy of the birth certificate/passport **Incomplete applications will not be forwarded to the scholarship committee.** This Scholarship application form has been designed to give each applicant fair and equal consideration. The scholarship is awarded based on student merit.

Please complete the form as accurately as possible and return via email to: **scholarships@albertapetroleum.com**

Study Programme:

Undergraduate ☐

Postgraduate ☐

Course/Programme Applied for:……

Course/Programme Applied for:……

1. Undergraduate Section: (Only Applicable to Undergraduate applicants)

Title of Program(e.g Bachelor of Medicine)	
Year and Semester / Term of study	
CGPA –Cumulative Grade Point Average (Attach an original signed and stamped statement of results as proof)	
University being attended / admitted:	

Admission/Registration number:	
Name of current sponsor:	

SECTION A

Applicant's Particulars

	Surname			
	First name			
	Middle name (if any)			
	Sex:	Male:	Female	
	Date of birth:			Age :
	Marital status:			Number of children if any:
	Nationality:			District:
	Division			Parish/Ward
	Address of Residence			
	Postal address			
	Physical address			
	Phone contacts:	Residence		Mobile
	E-mail address			

Employment

	Details	
	Employer and Address	
	Occupation / Job title	
	Gross annual income	

SECTION B

Family Background (Indicate the details about your parents)

	Particular	
1	Name **(Father)**	
1	Status (Alive / Deceased) If deceased, give date of death with proof	
1	Nationality	
1	Occupation/ Job Title Either now or previously	
1	Organization / Place of Work / Phone contact	
1	Gross Annual Income	

2. Graduate Applicants (Only Applicable to Postgraduate applicants)

Applicant's Education Levels

Please summarize the educational stages you went through (before applying for this Current Program) in the table below

Name of School / College / University attended	**Dates from - to**	**Aggregate / Grade / CGPA / Class**	**Name of Sponsor / Relationship**

State the Cumulative Grade Point Average (CGPA) mark obtained in the latest University examination available at your Faculty office..... [Please attach statement of results from the office of the Dean/ Director of your Faculty/ School/Institute/college (duly signed and stamped) in support of this].

Item	**Amount**
Tuition fees per Semester / Quarter	
Course duration in years	

Briefly outline your intended career path

SECTION C

To be filled in by all Applicants

Declaration: I hereby confirm and certify that the information I have filled in this form is correct.

Name			
Signature		Date	

Note: Please enclose the following:

I. Photocopy of admission letter

II. Photocopies of examination results obtained: O & A Level, diploma, transcript/testimonial results for all semesters done at university

III. Photocopy of death certificate or medical forms as proof of death or illness

IV. Two original letters of reference outlining your financial situation and need.

V. Recent color photograph (to be pasted in the space provided on page

VI. Copies of any other relevant documents

Please address your application to:

THE EXECUTIVE SECRETARY, ALBERTA PETROLEUM OIL COMPANY (APOC) CANADA
6608, 59 STREET EDMONTON, AB T6B 3P8
FAX: 780 4268 525
Email: scholarships@albertapetroleum.com