

**LATE CHIEF MRS VERONICA MODUPE POPOOLA**

**MEMORIAL SCHOLARSHIP AWARD**

**APPLICATION FORM**

APPLICABLE ONLY TO CHORISTERS & ALTAR SERVERS IN CATHOLIC CHURCHES IN AKURE, ONDO STATE

**PERSONAL INFORMATION:**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Town of Origin: \_\_\_\_\_ Local Government Area: \_\_\_\_\_

Name of Parents/Guardian: \_\_\_\_\_ Occupation of Parents/Guardian: \_\_\_\_\_

Contact Address: \_\_\_\_\_ Phone Number of the Applicant (if any) \_\_\_\_\_

Phone Number of the Parents/Guardian: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parish: \_\_\_\_\_ Name of the parish priest: \_\_\_\_\_

**ACADEMIC INFORMATION:**

Current Level of Study: \_\_\_\_\_ (e.g. SS1, University)

Name of Institution: \_\_\_\_\_ (e.g. secondary school, university)

Course of Study: \_\_\_\_\_ Academic Achievement: \_\_\_\_\_

Extracurricular activities or community service: \_\_\_\_\_

How do you plan to contribute to the growth and development of the Catholic Church in Akure?

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Why should the scholarship be awarded to you?

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**SCHOLARSHIP REQUIREMENTS:**

- Letter of recommendation from the parish priest, dated and signed.
- Letter of recommendation from the choir master or alter server's manager, dated and signed.
- Recent passport photo.

**CERTIFICATION:**

I certify that the information provided is accurate and true. I understand that any false information may lead to disqualification from the scholarship award.

Parish Priest's Signature & Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

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

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***SUBMISSION:***

Please submit your completed application form and supporting documents by uploading them to the Popoola Foundation website (<https://popoolafoundation.com>) using the 'Upload Application & Docs' option under the menu bar.