



Scholarships for undergraduate students in Nigerian Universities

APPLICATION FOR NOVEMBER 2025 AWARDS

The completed form should be submitted by hand to:

**The Secretary
Wisdom Group Scholarship Scheme (WGSS)
Church Office
RCCG City of David Parish
Victoria Island
Lagos**

NOTES

- a) Any false information used to secure this scholarship will be discovered and, in effect, lead to the withdrawal of the scholarship.
- b) All information supplied must be supported by relevant documents, including your birth certificate and valid ID.
- c) ONE passport photo of your parent or guardian must be pasted on to the consent form.
- d) Staple ONE passport photograph of yourself into the box at the top of this form.
- e) The passport photograph must be endorsed by one of your referees.
- f) Your scholarship will be withdrawn if your grades fall below Second Class Lower (2 – 2).

PART 1 This section is to be completed by the applicant

A Personal Data

1. Name in full (Mr / Mrs / Miss) _____
2. Date of birth _____ Mobile No _____
3. Address _____
4. E-mail address _____
5. Course / University _____ Year _____
6. Date you joined City of David _____
7. House Fellowship Group _____
8. House Fellowship Leader _____
9. Group or persons affiliated with in Church _____

B Academic Achievements

Give as much detail as would promote your application such as honours or awards.

Post-Secondary School Education

Name of Institution	Certificate / Grades	Date Attained

Secondary School Education

Name of School: _____

Attended from: _____ (month / year) **To:** _____ (month / year)

Subjects	Grades	Subjects	Grades

Copies of supporting documents must be attached.

Signature: _____

Date: _____

C Your Experience

In three paragraphs of not more than five sentences each, discuss how you hope to attain your personal development goals.

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PART 2 This section is to be completed by THREE different REFEREES

i) To be completed by your Pastor – FIRST REFEREE

Name: _____

Role / Activity in Church: _____

Character reference on the applicant:

Recommendation, stating why this applicant is deserving of scholarship:

Signature: _____

Date: _____ **Mobile no:** _____

ii) To be completed by a COD member, aged 40 years or over – SECOND REFEREE

This person must belong to a group / committee in City of David Parish

Name: _____

Committee in Church: _____ Age: _____

Relationship with applicant: _____

Character reference on applicant:

Recommendation, stating why this applicant is deserving of scholarship:

Signature: _____

Date: _____ Mobile no: _____

iii) To be completed by your Head of Department – THIRD REFEREE

Name: _____

Department: _____

Faculty: _____

University: _____

Character reference on the applicant:

Recommendation, stating why this applicant is deserving of scholarship:

Signature: _____

Official Stamp:

Date: _____

PART 3

This section is to be completed by your PARENT or GUARDIAN

CONSENT FORM

*passport
photo of your
parent or
guardian*

Name: _____

Relationship with applicant: _____

I hereby give my consent for my child / ward to obtain the Wisdom Group Scholarship from the City of David Parish of The Redeemed Christian Church of God.

Signature: _____

Date: _____ **Mobile no:** _____