



### **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**

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### **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- f) Your scholarship will be withdrawn if your grades fall below Second Class Lower (2 – 2).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.**

*continue overleaf or on a separate sheet, or type your essay and paste here*

**In what specific ways can you contribute meaningfully to the development of your community?**

*continue overleaf or on a separate sheet, or type your essay and paste here*

**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:**

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**Recommendation, stating why this applicant is deserving of scholarship:**

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**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:**

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**Recommendation, stating why this applicant is deserving of scholarship:**

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Mobile no:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Faculty:** \_\_\_\_\_

**University:** \_\_\_\_\_

**Character reference on the applicant:**

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**Recommendation, stating why this applicant is deserving of scholarship:**

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**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:** \_\_\_\_\_