

THE AMERICAN UNIVERSITY OF NIGERIA SCHOLARSHIP PROGRAM

The Program:

The AUN Scholarship is sponsored by the American University of Nigeria. The program provides academically promising but financially disadvantaged students with an opportunity for quality higher education. It welcomes application from all Africans who are sensitive to their communities' concerns, and believe in their ability to make a difference. Students enrolled in the Scholars program receive comprehensive and part-scholarships, and are able to participate in all our leadership development programs.

SCOPE OF SCHOLARSHIP

- ❖ Tuition
- ❖ Housing
- ❖ Meals
- ❖ Stipend
- ❖ Books and computer
- ❖ Medical Insurance
- ❖ Community engagement opportunities

Eligibility Criteria

The AUN Scholars Program is for all Africans residing in Africa who fulfill the following criteria;

- ❖ Attended public schools
- ❖ Show good performance in their First School Leaving Certificate
- ❖ Demonstrate financial need
- ❖ Exhibit high interest in social, public health and community services
- ❖ High performance in scholarship exam
- ❖ Must not be on another scholarship

Checklist Of Documents To Be Presented

- ❖ Copy of Identity card or passport
- ❖ Two recent size passport size photos
- ❖ Official and sealed copy of First School Leaving Certificate, JAMB
- ❖ Proof of any previous scholarship or financial aid if any
- ❖ International passports for Non-Nigerians

Additional DOCUMENTS RELATED TO APPLICANT'S FAMILY

- ❖ Parents/guardian's employment status, history and records for last 5 years
- ❖ Employment records for every working member of the family
- ❖ Records for each dependent child enrolled at school or university, recent school certificate of registration showing annual tuition fees.



Please attach
passport photo

Application for Undergraduate Scholarship

American University of Nigeria

1. Full Legal name

Mr. /Ms. _____ / _____ / _____
Last First Middle (or father's name)

2. Mother's full maiden name:

3. Current home address:

_____/_____/_____
Building/Floor Street PO Box
_____/_____/_____
Area City Country

Telephone (home):

_____/_____/_____
Country code Area code Number

Email address: _____@_____

4. Gender: Male Female

5. Date of birth: _____/_____/_____
Day Month Year

6. Place of birth: _____/_____/_____
(City/Village) District City

7. Country of birth: _____

Nationality: _____

8. Please indicate your choice of major and minor in order of preference

1. _____

2. _____

9. List the name(s) of high schools or secondary schools at which you studied:

Name of school	Location (city and country)	From (month/year)	To (month/year)	Date of Graduation
_____/_____/_____	_____/_____	_____/_____	_____/_____	_____/_____/_____
_____/_____/_____	_____/_____	_____/_____	_____/_____	_____/_____/_____
_____/_____/_____	_____/_____	_____/_____	_____/_____	_____/_____/_____

Name of government secondary school certificate (for example, Senior Secondary School Certificate) or high school diploma held or expected to be received.

_____/_____/_____
Name of certificate / Date received / Date expected

10. If you are not enrolled in a school this year, how are you spending the year?

13. Have you previously applied to, been accepted, or enrolled at AUN? Yes No

If yes: Applied Accepted Enrolled: _____ / _____
Academic year ID Number

If accepted and/or enrolled, specify in which major(s). _____

14. Have you applied or are you planning to apply to other scholarship programs? If yes, please specify.

15. What is your plan for further education/work if you are not selected among the Scholars of AUN? _____

16. Have you been involved in any extracurricular activities and/or volunteer work over the last three years? If yes, please describe the type of activity you were engaged in.

Activity	Description	Impact

17. Are you actively engaged in any local group in your community (non-governmental organization, youth group, political youth group etc.) Yes No

If your answer is YES, briefly explain what type of group you are involved in, your role in the group, and what activities you have carried out.

18. Have you participated in and/or organized any project that served your community? YES NO

If your answer is YES, briefly explain the project and how it served the community.

19. How did you know about Scholarship Program at AUN?

- a. School visit
- b. AUN Staff
- c. AUN Website and Publications
- d. Other Recipients
- e. Others, please Specify _____.

20. Answer the following questions on two separate sheets of paper and attach them to your application.

Explain why you chose your major, what do you like about **the specific degree**. Why are you passionate about it? How do you see yourself using this degree in your future? And how will it help you achieve your future goals and aspirations. Limit your answer to 200-300 words.

Choose one aspect (or characteristic) of your specific community (city/village) that you value / feel is special or important. Describe this characteristic focusing on why you value it or feel it is important. What can YOU do to ensure this characteristic is maintained? Limit your answer to 200-300 words.

21. Information on Father

_____/_____/_____
Last First Middle (or father's name)

Date of birth: ____/____/_____
Day Month Year

1) What is the highest education level attained by your father?

- | | | |
|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> No Formal Education | <input type="checkbox"/> Elementary | <input type="checkbox"/> Intermediate |
| <input type="checkbox"/> Technical | <input type="checkbox"/> Secondary | <input type="checkbox"/> University |

2) Marital Status:

- Married Separated Divorced Widowed Deceased, year of death _____

3) Current Work Status: Employed Self-employed Unemployed

If employed, starting date of current employment: _____

Job title/position: _____

Institution/employer's name: _____

Employer's address:

_____/_____/_____
Building/Floor Street Area
_____/_____/_____
PO Box City Country Telephone Number

4) Does your father have a second job? Yes No

If yes, starting date of current employment: _____

Does he work at this second job: Full-time or Part-time

Job title/position: _____

Institution/employer's name: _____

5) If currently not working: Last date of employment: _____ / _____
Month Year

Reason for unemployment _____

Retired, Indemnity received, (in \$) if any: _____ Date received: _____

6) Information on previous employment:

Title/Position	Place of work and address	Period of work (state dates)	Previous annual income in \$	Indemnity received (if any) in \$.
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_____/_____/_____/_____/_____

_____/_____/_____/_____/_____

_____/_____/_____/_____/_____

22. Information on Mother

_____/_____/_____
Last First Middle (or father's name)

Date of birth: _____ / _____ / _____
Day Month Year

1) What is the highest education level attained by your mother?

No Formal Education

Elementary

Intermediate

Technical

Secondary

University

2) Marital Status:

Married Separated Divorced Widowed Deceased, year of death _____

3) Current Work Status: Employed Self-employed Unemployed

If employed, starting date of current employment: _____

Job title/position: _____

Institution/employer's name: _____

Employer's address:

_____/_____/_____
Building/Floor Street Area

_____/_____/_____
PO Box City Country Telephone Number

4) Does your mother have a second job? Yes No

If yes, starting date of current employment: _____

Does she work at this second job: Full-time or Part-time

Job title/position: _____

Institution/employer's name: _____

5) If currently not working: Last date of employment: _____ / _____
Month Year

Reason for unemployment _____

Retired
 Indemnity received (in \$), if any: _____ Date received: _____

6) Information on previous employment:

Title/Position	Place of work and address	Period of work (state dates)	Previous annual income in \$.	Indemnity received (if any) in \$.
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____

23. Siblings Information (do not include yourself in this section)

Siblings at school/university

First Name	Birth year	Education/class (current year)	Name of school/university	Annual tuition fees (\$)	Financial assistance received: amount (\$) / source

Dependents Include only dependents living with the family other than siblings. (example: grandparents, uncles...)

Full name	Birth year	Relation to applicant	Describe current status and future plans if Any

24. Financial Information

Family annual income: The source of income of the family must be specified even if parents are unemployed. If the income is not reported then the application will be considered incomplete.

Any income other than salaries, for example, income from shops, lands, etc...must be supported with documents

Annual Income Form	Year 2014 (in \$)	Year 2015 (in \$)
Father's salary (do not enter retirement salary here, please fill below where appropriate)	_____	_____
Mother's salary (do not enter retirement salary here, please fill below where appropriate)	_____	_____
Siblings' salary	_____	_____
Other annual benefits from employers (bonus, additional months payable, etc...)	_____	_____
Annual retirement salary, if retired	_____	_____
All annual income from land/ buildings	_____	_____
Shop, explain*	_____	_____
Rent of assets, explain*	_____	_____
Land, explain*	_____	_____
All annual income from other sources	_____	_____
Help from family, explain*	_____	_____
Help from institution, explain*	_____	_____
Others, explain*	_____	_____
Total annual income:	\$ _____	_____

*For explanation, use a separate piece of paper

Assets

Cash savings or securities: Amount (\$): _____ Annual Interest Amount (\$): _____

Owned Properties:

	Location	Real estate lot number	Number of shares	Year purchased or inherited	Area (Sq.m.)	Check if mortgaged*	Estimated present value (\$) if not mortgaged
Business	_____	_____	_____	_____	_____	_____	_____
Home(s)	_____	_____	_____	_____	_____	_____	_____
Buildings number of floors	_____	_____	_____	_____	_____	_____	_____
Land number of lots	_____	_____	_____	_____	_____	_____	_____

Total estimated value of all assets: \$: _____
 *Submit official mortgage documents if applicable

Year 2014 (in \$)

Year 2015 (in \$)

Family Annual Expenses

Amount (\$) for the year 2015

Rent _____

Food and clothing _____

Tuitions, including the applicant's _____

Transportation _____

Books and supplies _____

Expenses for household help
(e.g. housekeeper, other workers) _____

Car(s) expenses, include fuel,
mechanic, car insurance _____

Medical insurance _____

Life insurance _____

Electricity bills _____

Water bills _____

Telephone bills, include all cell
Phones _____

Maintenance, building/ apartment _____

Municipality _____

Other expenses: if any specify _____

Unusual expenses, must be supported with detailed and certified documents Amount (\$)

Loan (the amount should reflect
the actual payments for one year
only) _____

Housing loan _____

Car loan _____

Medical _____

other household dependents _____

Total annual expenses: \$ _____

Details on loans, if any:

Total amount borrowed	Installments		Date		Loan source	Reason	Collateral
	Number	Amount	Start	End			

Do you or your family have any financial resources that have not been mentioned above? If yes, please describe in detail:



Employee Income Statement

American University of Nigeria

Form A should be completed by the employer for **every earning member of the family and for each position held**. Photocopy this form as needed.

Name of applicant for financial aid:

Answer all questions carefully and completely.

Name of employee: _____

Position and title: _____

	Amount \$ (if none, enter '0')
Basic annual salary	
Family annual allowance	
Annual transportation	
Annual accommodation	
Annual profit sharing amount from employer	
Annual bonus	
Annual commission	
Any other annual benefit, specify _____	
Educational benefit (each child separately including child name)	
1.	
2.	
3.	
4.	
5.	

Number of months payable: _____ Years of service: _____

To be completed by employer

Employer's name, title, and seal: _____

Name of institution: _____ Telephone: _____ / _____ / _____
Country code Area code Number

Email: _____ @ _____

Type of institution, nature of work: _____

I certify that the amounts and information above are accurate and have been verified by me.

Employer's signature: _____ Date: _____



Self-Employed Income Statement

FORM B should be completed below and submitted with the business registration and income tax statements. It should be completed for each self-employed member of the family.

Photocopy this form as needed.

Name of applicant for financial aid: _____

Answer all questions carefully and completely. Any missing information will jeopardize processing your application.

Name of self-employed family member: _____

Relationship to applicant: _____

Sole owner Partner: Number of partners: _____ Percent share: _____

Freelance Other, _____
Specify

Name of institution, if applicable: _____

Registration number: _____ Date: _____

Nature of company's/owner's work/business, in detail: _____

Address: _____ / _____ / _____
Bldg. Street Area

City Country Telephone: _____ / _____ / _____
Country code Area code Number

Email: _____ Number of employees/workers: _____

Annual gross income \$: The gross income is the total revenue of the institution: _____

Annual net income \$: The net income is the total personal income of the self-employed family member and partners, if any, after deduction of all institution's expenses.

Name and seal: _____

Signature: _____ Date: _____