



SEVENTH-DAY ADVENTIST CHURCH IN NIGERIA
HERITAGE BURSARY AWARD
APPLICATION FORM

AFFIX
RECENT
PASSPORT
PHOTOGRAPH

_____/_____/_____
SESSION

SECTION A: STUDENT INFORMATION

STUDENT A/C NO: (e.g. SBABCO001) _____
SURNAME _____ FIRSTNAME _____ OTHER NAMES _____
MATRIC NUMBER _____ COURSE OF STUDY _____ CURRENT LEVEL _____
DATE OF BIRTH _____ PLACE OF BIRTH _____ PHONE NO _____
BAPTISMAL DATE _____ PLACE _____ PASTOR _____
SIGNATURE _____

SECTION B: PARENTS INFORMATION

FATHER'S NAME _____ PROFESSION _____ AGE _____
LOCAL CHURCH _____ DISTRICT _____ CONFERENCE _____ UNION CONF. _____
PERMANENT ADDRESS _____
PHONE NUMBER _____ PRESENT PLACE OF WORK _____
SIGNATURE _____

MOTHER'S NAME _____ PROFESSION _____ AGE _____
LOCAL CHURCH _____ DISTRICT _____ CONFERENCE _____ UNION CONF. _____
PERMANENT ADDRESS _____
PHONE NUMBER _____ PRESENT PLACE OF WORK _____
SIGNATURE _____

SECTION C: CHURCH ACTIVITIES & PERSONELL APPROVAL

NAME OF LOCAL CHURCH _____ ADDRESS _____

LIST ACTIVITIES IN YOUR LOCAL CHURCH IN THE PAST 5(FIVE) YEARS (WITH DATES)

- i _____
- ii _____
- iii _____

NAME OF CHURCH CLERK _____

DATE, SIGNATURE & STAMP _____

NAME OF LOCAL CHURCH PASTOR _____

DATE, SIGNATURE & STAMP _____

NAME OF DISTRICT CHURCH PASTOR _____

DATE, SIGNATURE & STAMP _____

SECTION D: GUARANTEE

NAME & SIGNATURE OF 2(TWO) GUARANTORS

i _____

ii _____

- *One of Guarantors must either be the First Elder of the Parent's Local church or a staff of Babcock University who must indicate Department & attach a photocopy of ID card. The BU staff must not be less than level 10 (BUSS 10)*
- *Guarantors will be held liable for any default and will pay the penalty.*

SECTION E: CONFERENCE & UNION OFFICERS INFORMATION

NAME OF CONFERENCE: _____

ARE YOU ON ANY OTHER SPONSORSHIP?(Tick) YES NO

IF YES, NAME OF SPONSORSHIP(s) _____

CONFERENCE EDUCATION DIRECTOR'S NAME _____

DATE, SIGNATURE & STAMP _____

CONFERENCE PRESIDENT'S NAME _____

DATE, SIGNATURE & STAMP _____

UNION CONFERENCE EDUCATION DIRECTOR'S NAME _____

DATE, SIGNATURE & STAMP _____

SECTION F: RECOMMENDATION

I _____ hereby attest to the authenticity of the above information and I recommend _____ for the award.

DATE & SIGNATURE _____

N.B.: The recommendation column must be duly signed by a well known member in good standing with a minimum membership of 10(ten) years. Candidates should come to Bursary Department for further requirement on completion of form otherwise the account will not be credited if proper verification is not done.

A photocopy of the duly signed form is to be submitted at the Human Resources Department.

Candidate should attach a photocopy of their baptismal certificate.

Note: A forged certificate is criminal offence and has its implications.

BU NAAS PRESIDENT'S NAME _____ SIGNATURE _____

UNIVERSITY PASTOR'S NAME _____ SIGNATURE _____

BURSAR'S SIGNATURE _____