



MUTA Education Scholarship Program

2020 – 2021 Academic Year

Personal Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State

Phone: _____ Email _____

Date of Birth: _____ State of Origin: _____

Local Government Area: _____

Have you ever received MUTA award? YES NO

Are you a member of any cult organization? YES NO

Have you ever been convicted of a crime? YES NO

Educational Information

Name of University or School: _____

Department: _____ Area of Study: _____

Year of Entry: _____ Expected Graduation Date _____

Current Level: _____ CGPA _____

Word of Honor and Signature

I certify that my answers are true, accurate and complete to the best of my knowledge. If this application leads to award of MUTA scholarship, I understand that false or misleading information in my application or interview may result in automatic loss of the scholarship. I do not belong to any secret society and agree to abide by the laws and regulations of my home institution.

Signature: _____ Date: _____



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Student Information Verification

(To be completed by an official of competent authority)

The Head of Department
or appropriate authority (e.g., Registrar's office, Departmental Exams Officer)

Mr./Ms./Mrs _____ is applying for the 2020 MUTA Educational Scholarship Program. We seek your help in verifying and authenticating the student's information provided above. We thank you in advance for your collaboration.

Name of Official: _____

Position and Rank: _____

Is the student a *bona fide* member of the department indicated? _____

What is the student's current CGPA? _____

Please indicate the period in years or number of hours over which the GPA is calculated: _____

Signature: _____ Date: _____