

CHECKLIST

A: BIO-DATA

- Please complete **ALL** sections of the application form. **Leave no blank sections.**
- Tick items in the checklist below (applicant) to indicate information / documents provided.

<u>APPLICANT</u>	<u>FOR OFFICE USE ONLY</u>
1. <input type="checkbox"/> Personal Information pages (p 1-3)	1. <input type="checkbox"/> Personal Information pages (p 1-3)
2. <input type="checkbox"/> Passport Photograph	2. <input type="checkbox"/> Passport Photograph
3. <input type="checkbox"/> Educational Background (p4-5)	3. <input type="checkbox"/> Educational Background (p4-5)
4. <input type="checkbox"/> Proposed Field of Study (p6)	4. <input type="checkbox"/> Proposed Field of Study (p6)
5. <input type="checkbox"/> Employment History (p7)	5. <input type="checkbox"/> Employment History (p7)
6. <input type="checkbox"/> Other Activities (p8)	6. <input type="checkbox"/> Other Activities (p8)
7. <input type="checkbox"/> Personal History (p9)	7. <input type="checkbox"/> Personal History (p9)
8. <input type="checkbox"/> Academic Plan (p10)	8. <input type="checkbox"/> Academic Plan (p10)
9. <input type="checkbox"/> Professional Goals (p11)	9. <input type="checkbox"/> Professional Goals (p11)
10. <input type="checkbox"/> Social Impact (p12-13)	10. <input type="checkbox"/> Social Impact (p12-13)
11. <input type="checkbox"/> Referees Information (p14)	11. <input type="checkbox"/> Referees Information (p14)
12. <input type="checkbox"/> Declaration / Certification (p 15)	12. <input type="checkbox"/> Declaration / Certification (p 15)
13. <input type="checkbox"/> Supporting Documents: <ul style="list-style-type: none"> <input type="checkbox"/> Original Official University Transcripts <input type="checkbox"/> Certified Copies of Post-Secondary and Academic Degree Certificates <input type="checkbox"/> DFC Document <input type="checkbox"/> Writing Sample 	13. <input type="checkbox"/> Supporting Documents: <ul style="list-style-type: none"> <input type="checkbox"/> Original Official University Transcripts <input type="checkbox"/> Certified Copies of Post-Secondary and Academic Degree Certificates <input type="checkbox"/> DFC Document <input type="checkbox"/> Writing Sample
<p>Returning Completed Forms Completed forms should be returned to The Educator at 1 Akinwande street, off Akinhanmi St., Surulere, Lagos. Email can be sent to info@theeducatorng.org. Copy h_watch@yahoo.com.</p> <p>Additional Information about the DC Program Further information about the DC Program may be obtained from: www.life.edu</p>	

PERSONAL INFORMATION I

APPLICATION ID: (for official use only)

FAMILY NAME:.....GIVEN NAME(S):.....
(Surname / last name) (First name; Middle name(s))

PHYSICAL ADDRESS: (this should be a physical address to which a courier service such as DHL, FedEx, UPS, etc can deliver a letter).....
.....
.....

E-MAIL ADDRESS:..... HOME TELEPHONE:.....
(Essential. MUST be provided and should be active)

BUSINESS TELEPHONE..... FAX NUMBER:.....

MARITAL STATUS Single Married Divorced Separated Widow(er)

B. SPOUSE AND CHILDREN INFORMATION

SPOUSE DATA

SPOUSE NAME.....

NATIONALITY BY BIRTH..... CURRENT NATIONALITY.....

ADDRESS.....
.....
.....
.....

CURRENT EMPLOYMENT.....

CURRENT POSITION.....
(If spouse is deceased or retired, state the last employment and position)

HIGHEST ACADEMIC QUALIFICATION OF SPOUSE:

None Primary Secondary Tertiary Other (specify).....

DECEASED: Yes No NO. OF CHILDREN WITH SPOUSE.....

HIGHEST ACADEMIC QUALIFICATION OF CHILDREN:

None Primary Secondary Tertiary Other(specify).....

DEPENDENTS:

No. of Biological Children (Under 18yrs) No. of Biological Children (above 18yrs)

Other Dependents (Under 18yrs) Other Dependents (above 18yrs)

PERSONAL INFORMATION II

C: BIO-DATA CONTINUED

GENDER: Male Female DATE OF BIRTH:(DD/MM/YY)

NATIONALITY **AT BIRTH:** **CURRENT NATIONALITY**

NATIVE LANGUAGE..... CORRESPONDENCE LANGUAGE.....

STATE OR REGION OF ORIGIN: LGA/DISTRICT:

CITY/TOWN/VILLAGE OF ORIGIN (HOMETOWN):

CLASSIFICATION (Rural / Semi-Urban / Urban)

Current Place of Residence (City / Town):..... CLASSIFICATION: (Rural / Semi-Urban / Urban)

Area/Ward /Constituency of current residence.....

Do you have any disability (ies)?.....

If yes, name the disability (ies).....

If invited for an interview, would you need.

Any special type of assistance (specify)?

D. FAMILY INFORMATION

i. PARENTAL DATA

Mother

Highest Academic Qualification: None Primary Secondary Tertiary Other (specify).....

Status: Alive Deceased

Occupation (even if retired or deceased, state last employment and position):.....

Father

Highest Academic Qualification: None Primary Secondary Tertiary Other (specify).....

Status: Alive Deceased

Occupation (even if retired or deceased, state last employment and position):

EDUCATIONAL BACKGROUND I

A: TERTIARY EDUCATION

Please provide details for the most current degree obtained.

Current Degree:.....

Date obtained..... Class of degree (where applicable).....

Concentration / Specialization.....

Institution/University where degree was obtained.....

Country of Institution..... Dates attended (MM/YY): From.....To.....

Status of Institution / University (Tick appropriate box) Public Private

Institution's Address (Not P.O. Box).....

.....

.....

Telephone (Academic section)..... Email (Academic Section).....

In addition list ALL other tertiary schools attended in chronological order and explain any gaps. Indicate ALL degrees/diplomas/certificates obtained, attempted or in progress (use additional paper if necessary but maintain the same format).

Institution (Name and Location)	Country	Dates Attended From To MM/YY		Degree/ Diploma/ Certificate obtained	Class of Degree	Date obtained	Concentration / Specialization

EDUCATIONAL BACKGROUND II

B: SHORT COURSES: 3 – 6 MONTHS *(In chronological order, list ALL short courses attended (use additional paper if necessary but maintain the same format)).*

Institution <i>(Name and Location)</i>	Country	Dates Attended From (MM/YY) To		Certificate obtained	Date obtained

C: SECONDARY EDUCATION *(In chronological order, list ALL secondary schools attended (use additional paper if necessary but maintain the same format)).*

Institution <i>(Name and Location)</i>	Country	Dates Attended From (YY/MM) To		Certificate obtained	Date obtained

D: PRIMARY EDUCATION *(In chronological order, list ALL primary schools attended (use additional paper if necessary but maintain the same format)).*

Institution <i>(Name and Location)</i>	Country	Dates Attended From (MM/YY) To		Certificate obtained	Date obtained

PROPOSED FIELD OF STUDY

A: Please indicate ONLY one

Masters in or Doctorate in.....

B: Have you applied/do you have admission to any institution (s)? Yes No If yes, state below:

1. Institution.....
Department /School.....
Proposed area / discipline of study.....
Address of Institution.....
Admitted?.....

2. Institution.....
Department /School.....
Proposed area / discipline of study.....
Address of Institution.....
Admitted?.....

3. Institution.....
Department /School.....
Proposed area / discipline of study.....
Address of Institution.....
Admitted?.....

C: Have you been in contact with any professor and or possible advisor at LIFE University Atlanta?

Yes No If yes, please provide name and contact information (address, telephone no. fax , email).

1.
.....
2.
.....
3.
.....

D: Are you applying for support from other sources? Yes No

If yes, name the sources

Have you received support from other sources? Yes No

EMPLOYMENT HISTORY

A: CURRENT EMPLOYMENT

Employer	City/Town/Village	Country	Position (s) held	Dates employed			
				From		To	
				MM	YY	MM	YY
Duties:							

B: OTHERS. In chronological order list ALL other employment excluding A above (use additional sheets if necessary but maintain the same format, *account for all years, do not leave any gaps*).

Employer	City/Town/Village	Country	Position (s) held	Dates employed			
				From		To	
				MM	YY	MM	YY
Duties:							

C: NATIONAL SERVICE / INTERNSHIP / MEDICAL HOUSEMANSHIP/ ETC.

Employer	City/Town/Village	Country	Position (s) held	Dates employed			
				From		To	
				MM	YY	MM	YY
Duties:							

OTHER ACTIVITIES

A: COMMUNITY SERVICE – Describe other important ways outside of your job (remunerated or not) in which you have made contributions to community development (service clubs, voluntary associations, charities, etc.) State in each case, the name and location of the community, your position (member/office bearer etc.), your specific role/contribution, duration of the program (with dates), challenges you encountered, strategies you used to to overcome them and specific outcomes of each intervention. Indicate any recognition you may have been accorded (from the community/leader etc.) as a result of any of these activities. Maximum of 4 key programs. (Do not exceed one extra sheet). **These will be verified.**

OTHER ACTIVITIES

B: LEADERSHIP ACTIVITIES/AWARDS – List any significant accomplishments/leadership positions/roles you have achieved/held/played. Indicate any awards or recognition you may have received as a result of your activities. Please be specific, give the name/title of the award donor, etc.

ACADEMIC PLAN

C: PUBLICATIONS /ETC – List any key publications (title, author(s), journal, date, etc.) relevant to your application (do not exceed 4). Exclude university dissertations/theses except for papers from them published in peer-reviewed journals.

GENERAL QUESTIONS

A. What experiences have led you to select Chiropractic as your professional field and objective?

PERSONAL HISTORY

B. Who in your life has been your biggest influence and why?

PERSONAL HISTORY

C. Why are you a good candidate to receive this 100% tuition award?

SOCIAL IMPACT

D. Describe how you envision yourself after graduation. How do you plan to have a positive impact on healthcare in Nigeria?

REFERENCES INFORMATION

Have two individuals complete the Recommendation Forms for the scholarship. At least one of these individuals should be someone who can speak about your academic performance. The person can be a current or former lecturer or school official. Be certain to remind your references to send these forms by the application deadline.

- Three original letters of recommendation (from other than relatives) must be submitted with your application.
 - o At least one letter must be from a current lecturer. The letter should speak to the academic ability, character, integrity, and or uniqueness of the applicant.
 - o Reference letters from your relatives are not acceptable.
 - o One person can be a pastor or ministry leader who can speak to the integrity of your walk with God.
 - o Letters to be mailed to info@theeducatorng.org copy h_watch@yahoo.com

References: Please fill the detail of your references below.

Name	Address	Email
1.		
2.		
3.		

DECLARATION

ALL APPLICANTS: By submitting this application, I affirm to have read and understood the terms and conditions of the scholarship. I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to selection committees to review information on this form, my transcripts, and any additional supporting documentation submitted as part of this application. I give permission for the selection committees to contact high school and/or college officials for additional academic information. I waive the right to access letters of recommendation written on my behalf. If **chosen for the scholarship award, I agree to provide proof of GPA to the committee at each semester/quarter break in order for the committee to determine future eligibility.** I further agree if chosen to submit a written paragraph to be published on the value of the scholarship award in my academic pursuits. Any false representation to any of the information I have disclosed may be used against me and may cause my disqualification to the program.

Signature _____ Date _____