



NIGERIAN WOMEN ASSOCIATION OF GEORGIA, INC. USA

P. O. Box 244132, Atlanta, Georgia 30324, USA. (770) 496-4380 www.nwag.org

APPLICATION FORM FOR GEORGIA ONE-TIME ACADEMIC SCHOLARSHIP

NAME OF APPLICANT: _____
LAST NAME FIRST MIDDLE

CURRENT MAILING ADDRESS: _____

CITY STATE

HIGH SCHOOL ADDRESS: _____

CITY STATE

EMAIL ADDRESS: _____ CELL PHONE NUMBER: _____

OTHER CONTACT NUMBERS: _____

STATE OF ORIGIN IN NIGERIA _____

NAME OF PROSPECTIVE UNIVERSITY: _____

ADDRESS OF UNIVERSITY: _____

Please submit your application and all required documents to NWAG on or before **May 15, 2022**: either by regular mail to P.O. Box 244132, Atlanta, GA 30324 or electronically via email at education@nwag.org . All electronic submissions **MUST BE IN PDF FORMAT**. Thank You.

I hereby testify that I am Ms. /Mr. _____ applying for NWAG Scholarship and that I am a high school student at the above stated high school.

SIGNATURE

“Together We Achieve”

NOTE: This is a free application. NWAG does not charge any processing fees. Thus, do not pay or send any money to anyone or address asking for money