



NIGERIAN WOMEN ASSOCIATION OF GEORGIA, INC. USA

P. O. Box 14542, Atlanta, Georgia 30324, USA. (770) 496-4380, www.nwag.org

APPLICATION FORM FOR ONE-TIME 2018 ACADEMIC SCHOLARSHIP - GEORGIA

NAME OF APPLICANT: _____
LAST NAME FIRST MIDDLE

CURRENT MAILING ADDRESS: _____

CITY STATE ZIP CODE

EMAIL ADDRESS: _____

CELL PHONE NUMBER: _____

OTHER CONTACT NUMBERS: _____

STATE OF RESIDENCE: _____ GPA: _____

NAME OF PROSPECTIVE UNIVERSITY:

ADDRESS OF PROSPECTIVE UNIVERSITY

Please submit your application and all required documents to NWAG either by regular mail to P.O. Box 14542, Atlanta, GA 30324 or electronically via email at nwagscholarship@yahoo.com. All electronic submissions MUST BE IN PDF OR WORD FORMAT ONLY. **SUBJECT LINE OF EMAIL: NAME OF APPLICANT & GEORGIA & must be post-marked by May 15, 2018.**

I hereby testify that I am Ms. /Mrs./Mr. _____ applying for NWAG Scholarship and that I am a graduating high school student and will be attending the above stated university.

“Together We Achieve”

Application process is free! Do not send money to anyone nor include money in your application.

Please visit our website at www.nwag.org for more information.

SIGNATURE

MONTH/DAY/YEAR