

Achi Progression Scholarship Fund

PLEASE NOTE: If you intend to submit this form through email, DOWNLOAD it to your computer first before filling it out.

CRITERIA:

Application Requirements-(recipient must meet the following criteria):

1. Provide proof of acceptance into any Accredited University or Institution of Higher Learning.
 - May also accept **candidates accepted into reputable Colleges of Education**
2. Applicant must be in pursuit of a professional degree eg. Engineer, Law, Pharmacy, Architecture, Education, Medicine, other degree courses will be considered.
3. Applicant must be from an economically disadvantaged background
4. Candidate must **not** be a direct relative to any Achi member in USA/UK.
 - This criteria will be administered with discretion
5. Must maintain a passing grade average or above in order to maintain continuous financial aid
6. Application must submit an essay at least one page in length, which must discuss how the individual plans to contribute to Achi village development upon graduation.
7. Completed application must be submitted before **October 15th** for the school year starting in January of the next year.
8. Must reapply every year (before April 15th) to be awarded the scholarship.

Scholarship will cover:

1. Full Tuition:
 - Once stated requirements are completed
 - Must reapply every year to qualify
2. Extra Allowance: N 50,000 stipend to assist with books and boarding

THE ACHI PROGRESSION SCHOLARSHIP APPLICATION

Please type.		
1.	Last Name:	First Name:
2.	Mailing Address: Street: City: State: Country:	
3.	Mobile Number/ method of contact: ()	
4.	Date of Birth Month : Day : Year :	
5.	Name of High School:	Number of years attended:
6.	I will be attending the following University: <u>Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds.</u>	
7.	Name & address of parent(s) or relative with whom you currently reside Name(s) Street: City: State:	
8.	Name and city of other high schools attended:	Number of years attended:

9.	List the name of any Colleges/Universities you have attended.	Year Began	Year Ended	Year Graduated (If applicable)	Type of Degree Received (If applicable)
	A.				
	B.				
	C.				
10.	What specialty/major do you plan to pursue as you continue your education?				
11.	Cost of tuition: <u>Must provide proof of total tuition cost</u>				
	A.	Tuition Amount: ₦:			
	B.	Books Amount: ₦:			
	C.	Room & Board (if not included in tuition) Amount: ₦:			
	D.	Other expenses Amount: ₦: Describe below under comments			
Comments/justification for other expenses:					
12.	List other financial assistance you will receive per semester :				
	A.	Personal Amount: ₦			
	B.	Other Scholarship(s) Amount: ₦ Describe below under comments			
	C.	Other Financial Resources (family/church/etc) Amount: ₦			
Comments:					
13.	Are you an Achi Citizen?				

14.	What is the name of your kindred in Achi?
15.	Do you have any relatives in U.S.A., U.K. or any other country abroad?
16.	If yes please provide the name (s) of the individual (s) and specify the relationship?

17. List and briefly describe extracurricular activities (e.g. memberships in Organizations, church, school sports, etc.):

Organization Involved	Position Held and duties performed

18.	What are your educational and professional goals?
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18.

Personal Essay

Please answer the following question:

How do you plan to contribute to the progress of Achi, Mbieri upon graduation?

STATEMENT OF ACCURACY

I affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Achi Progression Scholarship program.

I understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

I understand that I must provide proof of total tuition cost prior to receiving scholarship fund.

Name of scholarship applicant: _____ Date: _____

e-mail your completed application to : info@achiassociationusa.org

Or print out the filled form and fax it to 01-509-526-7748