Bursary Application Form

To apply for a Bursary, complete this application form and mail completed application and attachment to: The Osun Indigenes Organization, c/o P.O Box 709 General Post Office, Oshogbo. Osun State. Nigeria. Please read carefully before completing this form

Full Name (First, Middle & Las	t)			
Date of Birth (Month/Day/Year):		_Sex:	_Marital Status	
Mailing address:				
	C			
Email Address:		Co	ontact Number:	_
Town of Origin:		_Local Government:		
Send by separate letter if admistating your proposed School Address of School/College/L				_
Schools Attended		Dates	Fields of Study	_
		Dates	Fields of Study	
		Dates	Fields of Study	
	City/State My signature be	elow certifies	that the information in this	

President: Olusegun Afolabi, Vice President: Oluseyi Ilupeju, General Secretary: Moses Olateru, Social Secretary: Debra Adisa-Ajibowo; Assistant Social Secretary: Olu Adekanmi, Financial Secretary: Theo Ade Adeoye, Welfare Director: Niyi Akanni, Chief Whip: Felix Odeniran, Auditor: Caleb Oriade, Family Interactive Program Coordinator: Augustina Opeewe Ojo; Treasurer Olusola Adeniji