



ATTACH RECENT  
PASSPORT  
PHOTOGRAPH HERE

WASSCE/NECO ASSISTANTSHIP APPLICATION FORM  
PART A

NAME: \_\_\_\_\_  
SURNAME FIRST MIDDLE

DATE OF BIRTH: DAY: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_ GENDER: MALE ☐ FEMALE ☐

LOCAL GOVERNMENT OF ORIGIN: \_\_\_\_\_ STATE OF ORIGIN: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

FATHER/GUARDIAN FULL NAME AND ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MOTHER/GUARDIAN FULL NAME AND ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EDUCATION

PRIMARY SCHOOL: PUBLIC ☐ PRIVATE ☐

NAME OF SCHOOL AND ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

MIDDLE SCHOOL (JSS 1-3): PUBLIC ☐ PRIVATE ☐

NAME OF SCHOOL AND ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

HIGH SCHOOL (SSS 1-3): PUBLIC ☐ PRIVATE ☐

NAME OF SCHOOL AND ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

\_\_\_\_\_  
Applicant (Signature & Date)

\_\_\_\_\_  
Principal (Signature & Date)

PART B

*In approximately 500 words, describe how receiving this award or assistantship will impact your life both now and in the future.*