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|    | **NAF/YSMA Doctoral Research Support Grant 2020****Application Form** |

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| *Please complete this form and return it to:**Email:* *ysma@pau.edu.**ng***Notes*** **Applications can take weeks to process.**
* **This form MUST be emailed to us, together with the required supporting documents.**
* **Please read the additional notes on the last page of this application form.**
* **Correspondence with you will mainly be by email. Please ensure that your email address is clearly legible.**
* **All sections of this form must be completed in full. Failure to do so will result in your application being rejected.**

Please **TYPE** all your details in this form where possible, but note that all signatures must be handwritten. |
|  |
| **Section 1 – Applicant details** |
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| **Personal details** |
| **Title**(Underline as appropriate) | Mr Mrs Miss Ms Dr | **Other (please specify)** |  |
| **First name** |  | **Middle name(s)** |  |
| **Last name** |  |
| **Gender**(Underline as appropriate) | Male Female  |
| **Date of birth** |

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| **Nationality** |  |
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| **Your qualifications**- please give the qualifications you wish to appear on your records (e.g. BA, MA) |  |

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| **Contact details** |
| If you fail to provide a current correspondence address, telephone number and email address (in clear typing or handwriting) this will result in the application not being attended to.**Correspondence with you will mainly be by email. Please ensure that your email address is clearly legible.** |
| **Current address** |
| **Address** |  |
|  |
| **Postal city/town** |  | **Postcode** |  |
| **L.G.A** |  | **COUNTRY** |  |
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| **Telephone number** |  |
| **Mobile number** |  |
| **Email address****(please print very clearly)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Section 2 – Employment Information** |
| Please provide information on your current employment, as appropriate.

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| **Employment Status**(Underline as appropriate) | Employed | Self-Employed  | Unemployed  |
| **Name of Employer** |  |
| **Address of Employer** |  |
|  |
| **Phone Number** |  |
| **Email address****(please print very clearly)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Current Position** |  |
| **Monthly Net Income**(Underline as appropriate) | ₦0 - ₦150,000 | ₦150,000 - ₦300,000 | ₦300,000 and above |

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| **Section 3 – Education and qualifications** |

Please give your full education history with the qualifications awarded.**You must provide proof of all qualifications with your application**. To do so you must provide **certified copies** of education certificates for qualifications obtained. |
| **University education**  |
| **Undergraduate Level**(Underline as appropriate) | Honours Degree | Ordinary Degree |
| **Grade**(Underline as appropriate) | 1st | 2.1  | 2.2  | 3rd |
| **University attended** |  |
| **Course studied** |  |
| **Date of graduation** |  |
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| **Postgraduate Level**(Underline as appropriate) | Doctorate  | Masters  | Postgraduate diploma  |
| **University attended** |  |
| **Course studied** |  |
| **Date of graduation** |  |
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| **Other professional qualifications** |
| Please give details of any other professional qualifications that you have gained |
| **Professional association** |  |
| **Qualification gained** |  |
| **Date of graduation** |  |
|  |
| **Professional association** |  |
| **Qualification gained** |  |
| **Date of graduation** |  |
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| **Doctoral Research information** |
| **Name of University** |  |
| **Academic Department** |  |
| **Have you completed all of your PhD coursework? (Yes/No)** |  |

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| **Section 4 – Supervisor Information** |
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| **Supervisor name (First name, middle name, last name)** |  |
| **Department** |  | **Job title** |  |
| **Email** |  | **Telephone** |  |

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| **Section 5 – The applicant’s declaration** |
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| **This section must be signed by applicant.** |
| I declare that the information provided on this application form and in all submitted supporting documents is true, correct, and represents my own work. I understand that canvassing or giving false information will disqualify my application. In addition, I also confirm that if information contained in the application is found to be false or incorrect, NAF/YSMA reserves the right to withdraw any grant awarded and will seek reimbursement for all expenses incurred. |
| **Name**  |  |
| **Signature** |  | **Date** |  |

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| **Please complete the following (Type ‘Yes’ if completed)** |
| I have attached a **two-page cover letter** |  |
| I have provided my **CV or resume** |  |
| I have provided a **two-page summary of my research proposal** |  |
| I have attached a **signed** **recommendation letter from my research supervisor** |  |