



MKPATABASI GROUP In AMERICA
(HOUSTON CHAPTER)

SPECIAL

EDUCATION GRANT AWARD

Mkpatabasi Houston Chapter hereby invites students in tertiary institutions in Nigeria who are indigenes of Ikot Abasi and Mkpata Enin LGAs, Akwa Ibom State of Nigeria to her Special Education Grant Award program. This program awards a one-time Education Grant to eligible students who win the award.

The grant is limited in quantity and will be based on first come first serve. Qualified applicants from any of the two LGAs will complete and submit the application forms to MKPATABASI Houston Chapter Special Education Grants Award, the awarding authority no later than June 30th, 2024.

ELIGIBILITY CRITERIA

1. Applicants must be indigenes of either Ikot Abasi LGA or Mkpata Enin LGA of Akwa Ibom State, Nigeria
2. Applicants must have enrolled in a college, polytechnic and or university (higher institutions) during the 2023/24 academic year.
3. Students must register in the school and in the semester in which the award is given.
4. All applicants must qualify to the group of needy or poor students.
5. Applicants must produce evidence (transcript) of having written at least one semester examination and passed at a 3.0 GPA.

SUBMISSION OF COMPLETED APPLICATION FORM

- Application form **MUST** be completed by applicant, authenticated (stamped) by the Department Head of the Program of Studies the applicant is in.
- All submitted application form to be accompanied by a valid transcript.
- Application forms and supporting documents must be uploaded in PDF format to <https://mkpat-abasi.org/grant/>.
- Applicant is responsible for uploading their documents.



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APPLICATION FORM

APPLICANT INFORMATION		
First Name:	Middle Name:	Last Name:
Home Address:		
City/Village of Origin:		
Local Government Council:		
State of Origin:		

APPLICANT IDENTIFICATION
Applicant's E-Mail:
Applicant's Phone Number:

FAMILY INFORMATION & IDENTIFICATION	
Father's Name:	Mother's Name:
Father's Occupation (employment):	Mother's Occupation (employment):
Father's Address:	Mother's Address:

ACADEMIC INFORMATION	
School attended in the year 2023/24:	Address:
Program of Study:	Faculty:
School Phone Number:	Department:

ATTESTATION/CONSENT
<p>I,</p> <p>(a) Hereby certify that all information given in this application and all the supporting documents attached are true and accurate to the best of my knowledge and belief.</p> <p>(b) By signing and submitting this application, I authorize my college/university to release to Mkpatabasi Houston Chapter, Houston TX Education Grant Award Committee my academic records for the purpose of this award.</p> <p>(c) I understand that any falsification of information on this application and all supporting documents will result in my application being disqualified from participation in the Award.</p> <p>(d) I understand that all applicants will be assessed base on meeting the minimum eligibility criteria listed above.</p> <p>(e) I understand that my application will not be considered if it is incomplete or submitted after the deadline.</p> <p>(f) I understand that submitting this application and all the supporting documents is not an authentic guarantee that a grant will be awarded.</p>
Signature of Applicant:
Full Name of Applicant:
Date: