Appendix 2: Evaluation Form



SCHOLARSHIP PROGRAMME

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AKANCHAWA EDUCATIONAL FUND

(Sebastian Onwuzurike Foundation)

Name of Applicant			
Current Institution of study			
Faculty/Dept. of Study			
Level of Study			
Current Address			
Contact Tel No		**Email address**	

Selection Criteria Evaluation Scores				
	Selection criteria	**weight**	**Score Range**	**Actual Score**
1	**Academic Performance(0-5)**	**35%**	**0 -3.5**	
2	**Inability to pay (0-3)**	**30%**	**0 -3**	
3	**Interview (Oral/Exam)**	**30%**	**0 -3**	
4	**Other considerations**	**5%**	**0 - 0.5**	
	Total	**100%**	**Max =10**	

Evaluators' Sign off			
	Name	**Signature**	**Comments**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Candidates Should Attach Relevant Documents and Results

Appendix 3: Results Summary Sheet



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		Scores in descending order				
No	**Name OF Applicant**	**Academic Performance (0-3.5)**	**Inability to pay (0-3)**	**Interview (Oral/Exam) (0-3)**	**Other Considerations (0-0.5)**	**Total**
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

	EVALUATOR NAME	SIGNATURE	COMMENTS
1			
2			
3			
4			
5			
6			
7			
8			

SCHOLARSHIP/CAREER GUIDANCE SUB-COMMITTEE

Chairman

Foundation President

Secretary

Secretary