

**Academic Competition Form** 



## Míss Akwa Ibom USA

## Presents AKWA IBOM YOUTHS GOT BRAINS

Academic Competition Form		MISSION DEADLINE: Sunday, June 29 <sup>th</sup> , 2018
	Applicant In	formation
Full Name:		Date:
Last	First	Middle.
Address:		
Date of Birth:	Age:	Local Government Area:
School Name & Class:		
Parent/ Guardian Name		Phone:
	Competition	
Please MARK the appro	priate box. Please note t	hat each contest has class level qualifications.
Spelling Contest Class Level: Primary 3-5	Essay Compe Class Level: S	
	Biogra	phy
Tell us about yourself.		
Interesting Fact:		
Please list two school references.	Refere	nces Example: Principal or Teacher
Full Name:		·
= "		
	Disclaimer an	d Signature
screened. If this application leads to	o admission into the co erview may result in my	of my knowledge and that only select applicants will be mpetition, I understand that false or misleading disqualification. I also understand that failure to submit ualification.
Signature:		Date: