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Mastercard Foundation Scholars Program-KNUST

SCHOLARSHIP APPLICATION FORM (2018/2019) ACADEMIC YEAR

Instructions

1. Attach a copy of your **Senior High School final examination results slip (WASSCE or O'LEVEL and A'LEVEL or Certificate that satisfies KNUST's Admission Requirements)** to this application form.
2. Provide a minimum of **three (3)** reference letters from persons of higher reputation. All letters must be signed and sealed independently.
3. Provide evidence of the income of parents/guardian. E.g. Copies of the payslips of your parents/guardian. (if applicable)
4. Attach high school transcripts / terminal reports covering the last three (3) years
5. Attach any other relevant documents that you believe will support your application.
6. Completed application forms should be sent via EMS to the following address:

**The Program Manager,
Mastercard Foundation Scholars Program at KNUST Secretariat,
% Office of the Dean of Students
Private Mail Bag
KNUST, Kumasi
Ghana**

PLEASE NOTE:

Applicants are advised to DESIST from calling the secretariat to inquire of the status of their application. The Secretariat would inform and contact applicants when necessary.

SECTION A

Student Information

Surname _____

First Name _____ Middle/Other names _____

Gender: M F Date of Birth (MM/DD/YYYY): _____ Age: _____

Nationality _____ Country of birth _____

Native Language _____

Marital Status: Single Married Separated

Do you have children Yes No If yes how many children do you have: _____

Applicant's Phone No. 1. _____ 2. _____

Emergency number _____ (Please provide a contact number that can easily be reached at any time)

Postal Address _____

Current Residence _____ E-mail Address _____

Skype ID _____ Do you have a passport? YES NO

NB: International applicants are entreated to have passports ready for onward travel to Ghana should their application be successful.

Permanent Residence _____

Address where you reside (when not at school): _____

Do you have any form of disability? Yes No

If yes, specify which form of disability Medical Physical

How long have you been living with this disability? _____

(This information will not be used against you in the selection process)

INFORMATION ON YOUR UNDERGRADUATE ADMISSION AT KNUST

Have you applied to KNUST? Yes No

If yes please list the order of choices of programme

1st choice: _____

2nd choice: _____

3rd choice: _____

4th choice: _____

Envelope number: _____

SECTION B

Educational Background

Please list institutions you have attended in the following order;

| NO. | NAME OF INSTITUTION | | DATE COMMENCED | DATE COMPLETED | CERTIFICATE OBTAINED |
|-----|--|-------------|----------------|----------------|----------------------|
| | | INSTITUTION | | | |
| | Basic School: | | | | |
| | Junior High School: Senior High School: | | | | |
| | Tertiary: | | | | |

Was your Senior High School public or private? _____

SECTION C

Parent Information

Please provide the following information on your parents.

Mother

Full Name _____

Country of Residence _____ Age _____

Employer Name _____

Job Title _____

Highest level of Education _____

Check the box if deceased

Marital Status: Single Married

Number of children (including you): _____

Father

Full Name _____

Country of Residence _____ Age _____

Employer Name _____

Job Title _____

Highest level of Education _____

Check the box if deceased

Separated/Divorced

SECTION D

Family Information

- 1. How many people, including yourself, depend on the income of your parents for daily living? _____
- 2. How many people including yourself, depend on the income of your parents for their educational cost?

- 3. a. Complete the table below for all **NUCLEAR** members of your family living in your parent’s home (including yourself) who are in school:

| No. | Full Name | Age | Relation to you | School/University | Year in School | Annual Tuition | Amounts Parents Pay |
|-----|-----------|-----|-----------------|-------------------|----------------|----------------|---------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |

- b. Complete the table below for other members of your family (**EXTENDED**) living in your parent’s home if any

| No. | Full Name | Age | Relation to you | Employment Details | Level of Education |
|-----|-----------|-----|-----------------|--------------------|--------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

4. Have you or any of your siblings ever missed a significant part of a school term due to lack of finances?
 YES NO

If yes, please explain and attach evidence:

5. Family's Financial Details:

a. Please provide details for your family's monthly income from all sources:

GHC _____ from mother's work GHC _____ from father's work
 GHC _____ from other relative GHC _____ from other sources
 TOTAL MONTHLY INCOME _____

b. List other sources of your family's income coming from other relatives

| No. | Name | Relation to you | Amount | Frequency (How often) |
|-----|------|-----------------|--------|-----------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

6. Do you expect significant any significant change in your parent's income in the coming year? If yes, please explain why:

7. Tell us to the **best of your ability**, how much your family **spends per month** to meet its household living expenses. Specific categories are provided below.

| | |
|------------------------------------|-------------------------------------|
| GHC _____ for rent or mortgage | GHC _____ for food |
| GHC _____ phone bills | GHC _____ for public transportation |
| GHC _____ for medical bills | GHC _____ for electricity bills |
| GHC _____ other expenses (specify) | |

TOTAL MONTHLY EXPENSE _____

SECTION E

Educational Expenses

1. How much does your family spend on the education of the members of your family?

| No. | Name | Level/Stage | Amount spent per year | |
|-----|------|-------------|-----------------------|-------------------------------------|
| | | | School Fees | Books & Other educational Materials |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

2. Are your fees paid by a relative other than your parents?

Do you live with this relative? YES NO Not Applicable _____

How many other children's fees are paid for by this same person: _____

SECTION F

Sponsor Information

1. Please provide the following information on each sponsor of your education (other than your parents).

Full Name _____ Full Name _____

Relationship to the applicant _____ Relationship to the applicant _____

Country of Residence _____ Age _____ Country of Residence _____ Age _____

Employer Name _____ Employer Name _____

Job Title _____ Job Title _____

How regular was this sponsorship:

Monthly

Termly

Annually

How regular was this sponsorship:

Monthly

Termly

Annually

2. Are you on any bursary/scholarship? YES NO

Bursary/Scholarship is provided by _____

If so, how much does the bursary/scholarship cover? _____

SECTION G (Not for selection purposes but in counselling)

House Information

1. A. Please tick the type of accommodation that you and your family occupy;

| | |
|--------------------------|--|
| <input type="checkbox"/> | Parent's House |
| <input type="checkbox"/> | Family House |
| <input type="checkbox"/> | Rented premises paid for by my parent's employer |
| <input type="checkbox"/> | Rented premises paid for by parent |
| <input type="checkbox"/> | Rented premises paid by self |
| <input type="checkbox"/> | Other (Specify) |

Number of bedrooms in your dwelling place; _____

B. Describe the dwelling in which you live including the roofing material, type of building material used, number and type of rooms, location (where in the city, in rural village, etc.), plumbing (what type of toilet, if any), electricity, and types of appliances and amenities.

Type of Construction Material: Mud/Wattle
 Mud/Brick
 Cinderblock/Fired brick
 Wood
 Other (Please specify)

Roofing material of dwelling: Metal
 Cement
 Thatch

Type of toilet facility: Flush or pour flush toilet
 VIP latrine
 Uncovered pit latrine
 Composite toilet
 No facility/bush/field
 Ecosan
 Other (Please specify)

Do you share the toilet facility with other households? Yes No

What type of flooring material do you have in your house: Mud
 Wood
 Tile
 Cement

Do you have running water in your house? Yes No

2. Do you know how to use/operate the following? Tick all that may apply.

- a. Mobile Phone YES NO b. Computer YES NO
c. Internet YES NO d. A car? YES NO

3. Does your family have the following at your residence?

- a) Refrigerator: YES NO
b) Television: YES NO
c) Satellite Dish: YES NO
d) Electric Iron: YES NO
e) Desktop Computer: YES NO
f) Laptop Computer: YES NO
g) Internet Access: YES NO
h) Electricity Access: YES NO
i) Phone YES NO
j) Motorcycle YES NO
k) Bicycle YES NO

4. Does your family own a car? YES NO

If yes, list the year, make (e.g., Honda, Toyota) and model (E.g., Civic, Prado, Corolla) of each car.

Is it a private car or Commercial Vehicle?

5. Does your family own a land? YES NO

SECTION H

Leadership, Community Engagement and Vision

a) Write a brief statement outlining your personal and academic goals. (100-word maximum)

b) What is your understanding of community; briefly explain.

c) Describe the goal, your involvement and the outcome of one significant community leadership initiative in which you played a role (to be validated by the person providing your recommendation letter). Examples might include leading or participating in a fundraising project to raise money to support a service in your community, helping to build a home for a community member, or organizing a group of senior students to provide academic tutoring to other students. (100-word maximum)

d) Describe a time when you identified a need in your community (such as your family, school, village, or town) and took action.

i. What need did you identify?

ii. How did you address this need?

iii. What difficulties did you encounter?

iv. What was the outcome?

e) Do you see any challenge(s) in your community? YES NO

If YES, please list some of them as noticed by you:

1. _____
2. _____
3. _____
4. _____
5. _____

f) What is your vision for your community in the area of;

PHYSICAL DEVELOPMENT ISSUES:

1. _____
2. _____
3. _____
4. _____
5. _____

SOCIO-ECONOMIC DEVELOPMENT:

1. _____
2. _____
3. _____
4. _____
5. _____

CULTURAL DEVELOPMENT

1. _____
2. _____
3. _____
4. _____
5. _____

g) How will achieving a Bachelor's degree education at KNUST and participation in the Mastercard Foundation Scholars Program empower you to address challenges in your community? (100-word maximum)

h) Which sector do you plan to impact?

Give a vivid description of the directions to your place of residence; include a diagram with some landmarks giving directions to your place of residence.

What is your GhanaPost GPS Digital Address? _____

E.g. AK-315-0146

- Have you applied to any partner universities of Mastercard Foundation Scholars Program
YES NO
- If yes, Please list the partner universities of Mastercard Foundation Scholars Program to which you have applied.

DECLARATION

I hereby declare that the information herein given is a true and accurate account of my status. The Foundation reserves the right to revoke my status as a Scholar of the Program at any time and take the necessary legal action and sanctions against me if the information given is found to be inaccurate.

.....
Signature of Applicant

.....
Date

Below should be endorsed by: (your Pastor/Imam/Headmaster/Headmistress/Chief/a Leader in your community).

I know the applicant for (how long?) _____ and can vouch that all the information given by him/her is credible.

Name: _____

Status: _____

.....
Signature

.....
Date

SECTION I

I: (TO BE COMPLETED BY PARENT/LEGAL GUARDIAN – person so far responsible for financing the education of the applicant)

1. Please provide the following information;

Surname _____

First Name _____ Other names _____

Marital Status: Single Married Separated Age: _____

Telephone number _____ Email address: _____

Postal Address _____

Residential Address _____

Employment status: Employed Self Employed Retired Unemployed

| | |
|------------|-------------------------------|
| Occupation | Name and address of employer: |
|------------|-------------------------------|

Annual Total Gross Income (GH¢): _____

(Salary and income from **other sources**. **Please substantiate with a recent official salary slip, pension slip or audited financial statement. If unemployed, please attach a sworn affidavit and declare how you survive and your sources of funds for survival.**)

(Please note that this information is necessary and if not provided MasterCard Foundation Scholar Program at KNUST will not process the application.)

Other sources of income:

Pension:

Investment interest:

Income from rent:

Contributions from other sources:

Earnings from taxi, passenger cars, corn mill, farming activities, petty trading, remittances from family members etc. :

2. What is your relationship to the applicant?

Father Mother Uncle Aunt Brother Sister

Other (Specify): _____

3. What is your highest level of Education? (Indicate by ticking)

| | | | |
|--------------------------|--------------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Tertiary | <input type="checkbox"/> | Primary |
| <input type="checkbox"/> | Senior High School (Secondary) | <input type="checkbox"/> | Middle School |
| <input type="checkbox"/> | Junior High School (JSS) | <input type="checkbox"/> | No Formal Education |

4. Please tick the type of accommodation that you and your family occupy.

| | |
|--------------------------|--|
| <input type="checkbox"/> | Own House |
| <input type="checkbox"/> | Family House |
| <input type="checkbox"/> | Rented premises paid for by the employer |
| <input type="checkbox"/> | Rented premises paid for by self |
| <input type="checkbox"/> | Other (Specify) |

5. Provide information on your dependants.

| Name | Relationship | Age | Educational level |
|------|--------------|-----|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Indicate total amount paid in fees and other related expenses per year for dependants at each level of education and provide proof of current attendance (**Attach school bills and receipts**):

| Level of Education | Number of Dependants Attending school at this level | Total amount paid in the last year (GH¢) |
|--------------------|---|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

II: (TO BE COMPLETED BY SECOND PARENT/LEGAL GUARDIAN)

Surname _____

First Name _____ Other names _____

Marital Status: Single Married Separated Age: _____

Telephone number _____

Postal Address _____

Residential Address _____

Employment status: Employed Self Employed Retired Unemployed

Highest level of Education _____

DECLARATION TO BE SIGNED BY BOTH PARENTS OR GUARDIANS

It is important that your dependant's eligibility for the scholarship be based upon accurate information.

I do hereby declare that all the information given above is true.

Signature or thump print of **parent/legal guardian** _____ Date _____

Signature or thump print of **second parent/legal guardian** _____ Date _____

FOR OFFICIAL USE

Receipt of Application

Name of Officer _____

Signature, Official Receipt stamp with date (_____)