



Scholars  
Program



ASU<sup>®</sup> Arizona State  
University

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## International Accelerated Degree Program (IADP 3+1+1) Scholarships at Arizona State University (ASU-USA)

Mastercard Foundation Scholars Program at KNUST/ASU  
3+1+1 Scholarship Application Form  
(2018/2019 ACADEMIC YEAR)

### Instructions:

1. Attach a copy of your **updated academic transcript** to this application form.
2. Provide a minimum of **three (3)** reference letters signed and sealed independently by a person of higher reputation.
3. Provide evidence of the income of parents/guardian. Eg. Copies of the payslips of your parents/guardian. (if applicable)
4. Attach any other relevant documents that you believe will support your application including copies of your birth certificate, BECE certificate and WASSCE certificate.
5. Completed application forms should be delivered in person to the Mastercard Secretariat at the Office of the Dean of Students, KNUST

**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: \_\_\_\_\_

Telephone number 1. \_\_\_\_\_ 2. \_\_\_\_\_

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

Postal Address: \_\_\_\_\_

Current Residence: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Permanent Residence: \_\_\_\_\_

Do you have a skype ID? Yes  No 

If yes, provide the skype ID: \_\_\_\_\_

Do you have a passport? Yes  No 

If yes, please describe a major instance you used it:

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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)

**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:				

Current Program being offered at KNUST:

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**SECTION C****Parent Information**

Please provide the following information on your parents.

**Mother**

Full Name \_\_\_\_\_

Check the box if deceased

Country of Residence \_\_\_\_\_ Age \_\_\_\_\_

Employer Name \_\_\_\_\_

Job Title \_\_\_\_\_

Highest level of Education \_\_\_\_\_

Marital Status: Single  Married

Number of children (including you): \_\_\_\_\_

**Father**

Full Name \_\_\_\_\_

Check the box if deceased

Country of Residence \_\_\_\_\_ Age \_\_\_\_\_

Employer Name \_\_\_\_\_

Job Title \_\_\_\_\_

Highest level of Education \_\_\_\_\_

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 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							

- b.** Complete the table below for other members of your family living in your parent's home?

No.	Full Name	Age	Relation to you	Employment Details	Level of Education
1					
2					
3					
4					
5					
6					

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:

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## 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 any significant change in your parent's income in the coming year? If yes, please explain why:

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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? YES  NO Do you live with this relative? YES  NO 

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 counselling)****House Information**

1. Who is the primary head of your household (outside of normal school session)?

\_\_\_\_\_

2. What is the gender of the primary head of your household? M  F

3. What is the primary head of household's highest level of education completed:

\_\_\_\_\_

4. What is the primary head of household's occupation and status of employment:

\_\_\_\_\_

\_\_\_\_\_

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"/>	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

1. 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









**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

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**Below should be endorsed by someone with a high reputation:**

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

Telephone number \_\_\_\_\_ Email address: \_\_\_\_\_

Postal Address \_\_\_\_\_

Residential Address \_\_\_\_\_

Employment status: Employed  Self Employed  Retired  Unemployed

Occupation	Name and address of employer:
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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 your application cannot be processed)*

**Other sources of income:**

*Tick where applicable and provide amount*

- Pension: \_\_\_\_\_
- Investment interest: \_\_\_\_\_
- Income from rent: \_\_\_\_\_
- Contributions from other sources: \_\_\_\_\_
- Earnings from taxi, passenger cars, corn mill, farming activities, petty trading and 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

6. 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 in 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

Telephone number \_\_\_\_\_

Postal Address \_\_\_\_\_

Residential Address \_\_\_\_\_

Employment status: Employed  Self Employed  Retired  Unemployed



**DECLARATION TO BE SIGNED BY 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 OFFICE USE ONLY**

**Receipt of Application**

Name of Officer \_\_\_\_\_

Signature, Official Receipt stamp with date ( \_\_\_\_\_ )