



**KWAME NKRUMAH UNIVERSITY OF  
SCIENCE AND TECHNOLOGY  
(KNUST-GHANA)**

**STUDENTS' FINANCIAL SERVICES OFFICE**

## **BENEFICIARIES RENEWAL FORM**

**2019-2020**

### **SECTION A – APPLICANT'S BACKGROUND INFORMATION**

*(Complete all questions using **BLOCK/CAPITAL** letters only. Where it is **not applicable** indicate **NA**.  
**Your application will not be processed if you leave any question unanswered**)*

1. Full name, as it appears on your documents. Surname: _____ Other Name(s): _____		
2. Date of Birth (dd/mm/yy)	3. Gender (Female/Male)	4. Student ID # <div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
5. Place of Birth: Village/Town/City		6. Nationality
7. Home Town	8. District	9. Region
10.a Marital Status of Father - Check the box if Deceased <input type="checkbox"/> i) Married <input type="checkbox"/> ii) Separated/Divorced <input type="checkbox"/>  b. Marital Status of Mother - Check the box if Deceased <input type="checkbox"/> i) Married <input type="checkbox"/> ii) Separated/Divorced <input type="checkbox"/>		11. Indicate the mode by which you gained admission to the University  a) Less Endowed Student <input type="checkbox"/> b) Regular Student <input type="checkbox"/> d) Parallel Student <input type="checkbox"/> e) Other <input type="checkbox"/>
12. Religion	13. Name of Religious group (Pentecost, Methodists etc.)	
14. Residential Address when school is in session.	15. Permanent Home Address: (where you normally reside, where you call home. <u>Do not provide</u> a Post Office Box number).  District: _____ Region: _____	
16a. Telephone# 1:	16b. Telephone# 2:	

17. Address to which correspondence <b><u>regarding this application</u></b> should be sent:		18. Level of Study for <b>2019/2020</b> (e.g; Level 200) -----	
19. Academic Programme of Study (e.g. BA, BSc, etc)  ----- <b>COURSES:</b> (e.g. Economics, Sociology, Maths etc where applicable)  ----- Duration of the study programme  ----- Years	20a. Campus (e.g. Main)	21. <b>WASSCE RESULT</b> (Aggregate)	
	20b. Hall of Residence		

22. Please provide the following information on **all** your siblings and provide supporting documents to authenticate this. (USE THE BACK OF THE SHEET IF NECESSARY).

Surname	First Name(s)	Age	Education Level

23. Schools attended with dates

	Full Name of School	Town/District /Region	Dates of Attendance (eg 2001-2003)	Who paid for your education and upkeep at this level?
Primary				
JHS				
SHS (Provide full address)				
Tech/Voc Inst. (Provide full address)				
Other				

24. Indicate the mode by which you gained admission to the University.

MODE	MONTH/YEAR	Candidate Index Number	*Total Aggregate Score/ CGPA
SSSCE/WASSCE			
A LEVEL			
Diploma*			
Mature Students Exam			

**\*NOTE:** Use the aggregate that your admission into the University was based on. For Diploma holders provide the CGPA obtained at graduation.

## SECTION B 1– INFORMATION ON FINANCES

25. Estimated Expenses **for the 2018/2019 academic year.** (Estimate how much you will need to spend during the academic year from August 2018 to May 2019. These expenses should be relevant to your studies only).

Academic Fees (University Approved Fees and Charges) Use this year's amount.	GH¢
Residential /Housing/ Hostel (for 1 <sup>st</sup> and 2 <sup>nd</sup> semester)	GH¢
Feeding (for 1 <sup>st</sup> and 2 <sup>nd</sup> semester)	GH¢
Books	GH¢
Transportation	GH¢
Other (specify)	GH¢
Other (specify)	GH¢
<b>TOTAL</b>	GH¢

26. Indicate below the amount of money **that you expect will be available to you from each of the following sources for 2018/2019 academic year from August 2018 to May 2019.**

Personal	GH¢
Parents/ Guardian (if you are not employed and do not expect any money from your parents/guardian, please attach a sworn affidavit from them explaining why they will not give you anything towards your educational expenses).	GH¢
Benefactor	GH¢
Part-time employment	GH¢
SSNIT / SLTF student loan	GH¢
Scholarship (specify)	GH¢
Other (specify)	GH¢
Other (specify)	GH¢
<b>TOTAL</b>	GH¢

27. How much funding do you require? This amount is the **difference** between your **total estimated expenses** (question 20) and what **you expect will be available** to you from the sources indicated (question 21).

GH¢

## SECTION B 2– INFORMATION ON SPONSORSHIP

28. If you **have applied or intend to apply** for other types of financial support for the **2019/2020** year please state:

The type of financial support (e.g. <i>Scholarship, bursary, student loan</i> )	Amount (GH¢)	The agency to which application has been, or, will be made(e.g. <i>Ghana Government, SSNIT, SLTF, MTN</i> )
a.		
b.		
c.		

29. If you **have been promised** financial support for the **2019/2020** academic year from any Organization/Benefactor/Individual please provide:

Name and address of the Organization/Benefactor/Individual	The amount in financial support (GH¢)
a.	
b.	

30. Provide the name and address of the organization, which has up to date been responsible for your education (If applicable).

31. Will the said sponsor continue to provide financial support for your education?

32. If **YES** what is the expected total amount of sponsorship per year?

GH¢ \_\_\_\_\_

## SECTION B 3 - FOR STUDENTS WITH DISABILITIES

33a. Type of Disability (e.g. blindness)	34a. Do you qualify to receive Government Bursary for disability?
33b. Percentage of Disability (if known)?	34b. How much in scholarship do you expect to receive? GH¢ _____

## SECTION B 4 -ADDITIONAL INFORMATION

35. You may provide **additional** information to support this application. This information can include awards received, information on others who help sponsor your education, and other information on your financial situation. (Additional paper may be used if required)

## SECTION B5 - ESSAY

Please attach two separate essays telling us

1. Why you feel you should be considered for this scholarship?
2. Why did you choose the course for which you are enrolled?
3. How after your graduation, will you make a difference in Ghana?  
(Not more than two typed pages each).

Please **submit** the following (do not send the originals of any documents):

- Applicant's WASSCE RESULT.
- Recommendation letters from Senior High School.
- Evidence of income of parent/guardian.
- Documents/evidence to establish the relationship with siblings.
- Birth certificate of siblings and their school fees etc.
- Any other supporting documents that you believe will assist in the processing of your application.

### **Declaration**

**It is important that your eligibility for student financial aid be based upon accurate information.**

I do hereby declare that to the best of my knowledge all my information given in this application are true and made in good faith.

Signature of Student\_\_\_\_\_Date\_\_\_\_\_

**Note:** *Misrepresentation in any material form renders the application null and void. Any award made based on misrepresentation shall be withdrawn or refunded by the applicant, and he/she may be prosecuted. The truth, rather than lies, will get you Financial Aid.*

## **SECTION C 1 - ( TO BE COMPLETED BY PARENT/LEGAL GUARDIAN – person so far responsible for financing the education of the applicant)**

36. Full Name Surname: ----- Other Name(s): -----	37. Address.   Telephone #
38a District of residence:	38b. Region of residence:
39a. Occupation.	39b. Name and address of employer.



47. Provide information on your dependants.

Surname	First Name(s)	Relationship	Age	Educational Level

48. 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 of school going age	Total Amount Paid per year(GH¢)
Kindergarten/Primary		
JSS		
SSS/Tech-Voc.		
Tertiary		
Other		
TOTAL		

49. How much are you prepared to pay towards the fees and upkeep of your ward for the **2019/2020** academic year?

GH¢

## SECTION C 2 - TO BE COMPLETED BY YOUR SECOND PARENT

50. Full Name Surname:                      Other Name(s)		51. Address.  Telephone #
52. District of residence.		Region of residence.
53. Occupation.	Name and address of employer.	
54. Annual Total Gross Income (Salary and income from other sources) (GH¢).		

55. SSNIT Number (if applicable)

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56. National Health Insurance Number .....

57. What is your relationship to the applicant?

	Father
	Mother

**DECLARATION TO BE SIGNED BY BOTH PARENTS OR GUARDIAN**

**It is important that your dependant's eligibility for student financial aid be based upon accurate information.**

I do hereby declare that all the information given above is true and made in good faith.

Signature or thumb print of **parent/guardian** \_\_\_\_\_ Date \_\_\_\_\_

Signature or thumb print of **second parent** \_\_\_\_\_ Date \_\_\_\_\_

Where parent cannot read nor write

Name of **witness** \_\_\_\_\_ Position \_\_\_\_\_

Signature of **witness** \_\_\_\_\_ Date \_\_\_\_\_

**Note:** Misrepresentation in any form or manner shall render the application null and void. Any awards made based on a misrepresentation shall be withdrawn or refunded by the applicant, and he/she also may be prosecuted.

The University reserves the right to cancel the applicant's application if false or incorrect information is supplied.

*Thank you for your cooperation. Together, we can ensure that the right students get financial support, and that the integrity of the KNUST Students' Financial Services Office program is preserved.*



**FOR OFFICE USE ONLY**

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