S.T NANKANI SCHOLARSHIP APPLICATION FORMS

## PART 1. APPLICANT'S INFORMATION 1. a)Surname b)First Name c)Other Name(s) 2. Date of Birth (dd/mm/yy) 3.Gender 5. Index Number 4.Student ID# Female: Male: 6. a) Place of Birth/Region(e.g. Kumasib) Residential Address 7. Nationality Ashanti Region): 8. Religion/Religious group's name (e.g. Christianity/ 9. Hall of 10. Student Vodafone # 11. Other Pentecost Church) Affiliation Mobile # 12. Programme 13. Duration of Programme 14. Current CWA 15. College 17. Department 16. Faculty 18. Year (e.g. Level 100) 19. Indicate the mode by which you gained admission to the University. a) Less Endowed Student b) Parallel Student c) Fee-Paying Student d) Regular Student e) Other 20. Residential Address when school is in 21. Have you benefited from any 22. If you have benefited from any scholarship/bursary from KNUST? other scholarship/bursary Please state session. YES NO Source: If Yes state Source Date: Date Amount Amount: 23. Name of Schools Attended **Programme of study Period of Attendance** Who paid for your education and upkeep a) SHS/ TECHNICAL at this level. b) JHS

## **FATHER MOTHER** 9. Check the box if Deceased 9. Check the box if Deceased 1. Name 1. Name 2. Marital Status a) Married b) Divorced c) Separated 2. Marital Status a) Married b) Divorced c) Separated 3. Residential Address 3. Residential Address 4. Mobile # 4. Mobile # 5. Number of Children 5. Number of Children 6. Occupation 7.Unemployed 6. Occupation 7. Unemployed 8. Name and Address of Employer 8. Name and Address of Employer PART 3. GUARDIAN'S INFORMATION (If applicable) **GUARDIAN** 1.Surname Middle Name b) Other Name 2. Marital Status b) Divorced a) Married c) Separated 3. Residential Address 4. Number of Children 5. Mobile # 6. Occupation 7.Unemployed 8. Name and Address of Employer **PART 4. DECLARATION** I hereby declare that the information given by me is True and Accurate. **Applicants' Name Applicants' Signature** Date

PART 2. PARENT'S INFORMATION

## PART 5. NAME AND ADDRESS OF REFEREE

Please provide details of one referee. He / She MUST be a Senior Member of the University.

REFEREE				
Name	P	Position		
Signature	D	Date		
Address				

The referee cited above may complete this portion.	
I,	have known
	over a period of
(Month(s)/Years(s)) and can confirm that he/she comes from a	a financially disadvantaged background and needs
financial assistance to support his/her education.	