

KNUST BURSARY APPLICATION FORM

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PART 1. APPLICANT'S INFORMATION

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

PART 2. PARENTS' INFORMATION

FATHER		9. Check the box if Deceased <input type="checkbox"/>		MOTHER		9. Check the box if Deceased <input type="checkbox"/>	
1. Name				1. Name			
2. Marital Status	a) Single <input type="checkbox"/>	b) Married <input type="checkbox"/>	c) Separated/Divorced <input type="checkbox"/>	2. Marital Status	a) Single <input type="checkbox"/>	b) Married <input type="checkbox"/>	c) Separated/Divorced <input type="checkbox"/>
3. Residential Address	4. Mobile #			3. Residential Address	4. Mobile #		
	5. Number of Children				5. Number of Children		
6. Occupation	7. Unemployed <input type="checkbox"/>			6. Occupation	7. Unemployed <input type="checkbox"/>		
8. Name and Address of Employer				8. Name and Address of Employer			

PART 3. GUARDIAN'S INFORMATION (If applicable)

GUARDIAN			
1. Surname	a) Middle Name	b) Other Name	
2. Marital Status	a) Single <input type="checkbox"/>	b) Married <input type="checkbox"/>	c) Separated/Divorced <input type="checkbox"/>
3. Residential Address	4. Number of Children	5. Mobile #	
6. Occupation	7. Unemployed <input type="checkbox"/>		
8. Name and Address of Employer			

PART 4. STUDENT'S DECLARATION

I hereby declare that the information given by me is True and Accurate.

Applicants' Name

Applicants' Signature

Date

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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		Position	
Address		Date	

Signature & Stamp

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PART 6. For Official Use Only

COMMENT

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NAME

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SIGNATURE

DATE

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