



**KNUST SRC**  
**KETEWA BIARA NSUA(KBN)**  
**2020/2021**

**Passport  
Picture**

**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 # <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														5. Index Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																	
6. Place of Birth			7. Town/Village/City of Residence			8. District/Region of Residence																													
9. Hall of Affiliation:		10. Year (eg. Level 100)		11. Student Vodafone # :		12. Other mobile # :																													
13. E-Mail Address:			14. Mailing Address:			16. Current CWA																													
17. Programme			18. College			19. Residential Address (Where you stay when school is in session).																													
20. 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"/>																																			
21. Have you benefited from KBN before? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes state the academic year you benefited.						22. Are you on any Financial Support? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes give details of the scholarship.																													
Name of Schools Attended				Programme offered				Period of Attendance																											
23. SHS																																			
24. JHS																																			

## PART 2. PARENT / GUARDIAN INFORMATION

<b>FATHER</b>		8. Check the box if Deceased <input type="checkbox"/>
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		

<b>MOTHER</b>		8. Check the box if Deceased <input type="checkbox"/>
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		

### **DECLARATION OF STUDENT**

I hereby certified that the facts set forth in the above application and any submitted materials are True and completed to the best of my knowledge. The administrators of the fund are hereby Authorized to make investigation on my financial and academic status.

<b>Applicant`s Name</b>	
<b>Applicant`s Signature</b>	
<b>Date</b>	

### **PART 3. NAME AND ADDRESS OF REFEREE**

Please provide details of two referees who are Senior Members of the **University**.  
One of your referee must be your Head of Department (HOD).

<b>REFEREE (A)</b>	<b>REFEREE (B)</b>
Name	Name
Position	Position
Address	Address
Date	Date
Signature	Signature

### **PERSONAL STATEMENT**

Your typed personal statement should include:

- a) Your financial challenges you face in school.

It should be typed and not more than one page.

### **OFFICIAL USE ONLY**

Name & Signature of Official

Date / Time

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..... / .....