

SONSOL PROJECT APPLICATION FORM

(Applicants are to read the eligibility criteria before applying)

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"/> <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"/> <input type="text"/> <input type="text"/>
6. Mobile Number		7. Residential Address		8. Nationality	
9. Programme of Study		10. Duration of Programme		11. Current CWA/WASSCE Result	
12. College	13. Faculty		14. Department		15. Year
16. Residential Address when school is in session.		17. Are you a beneficiary of any scholarship/bursary? YES <input type="checkbox"/> NO <input type="checkbox"/>		18. If Yes state Source Source: Amount:	

PART 2. PARENTS'/ GUARDIAN INFORMATION

FATHER		Check the box if Deceased <input type="checkbox"/>	MOTHER		Check the box if Deceased <input type="checkbox"/>
1. Name			1. Name		
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. STUDENT'S SIGNATURE

Applicants' Name

Applicants' Signature

Date

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