

## SONSOL 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"/> <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. a) Place of Birth/Region (e.g. Kumasi-Ashanti Region):			b) Residential Address			7. Nationality	
8. Religion/Religious group 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. Are you a beneficiary of any scholarship/bursary? YES <input type="checkbox"/> NO <input type="checkbox"/>			22. If Yes state Source Date: Amount:	

## PART 2. PARENTS'/ GUARDIAN INFORMATION

<b>FATHER</b> Check the box if Deceased <input type="checkbox"/>			<b>MOTHER</b> 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. STUDENT'S DECLARATION**

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

<b>Applicants' Name</b>	<b>Applicants' Signature</b>	<b>Date</b>
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**PART 4. NAME AND ADDRESS OF REFEREE**

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

<b>REFEREE</b>			
Name		Position	
Address		Date	

Signature & Stamp  
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**PART 5. FOR OFFICIAL USE ONLY**

**COMMENT**

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**NAME**

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**SIGNATURE**

**DATE**

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