

TIMOTHY ANSAH MEMORIAL FOUNDATION SCHOLARSHIP

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. CWA/Wasce Aggregate (If applicable)	
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 Source: Date: Amount:	
23. Name & Location of JHS				24. Name & Location of SHS			

PART 2. PARENTS'/ GUARDIANS' INFORMATION

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

Applicant's Name

Applicant's Signature

Date

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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**.

REFEREE			
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