

KNUST SRC KETEWA BIARA NSUA (KBN) 2022/2023

KBN BURSARY APPLICATION FORM

PART 1. APPLICANT'S INFORMATION

1.a) Surname	b) First	rst Name		c) Other Name(s		(s)	
Thu) Surffame		b) Prist Name		c) Other Name(s)			
2. Date of Birth (dd/mm/yy)	3. Gender	4	4.Student ID #		5. Index Number		
	Male: Fer	male:					
6. Place of Birth	7. Town/V	illage/City of	Residence		8. Dis	strict/Region of Residence	
9. Hall of Affiliation:	10. Year (eg. Le	evel 100) 11	11. Student Vodafone #:			12. Other mobile #:	
13. E-Mail Address:	14. Church	eg. PENSA,	GHAMSU e	etc.		15. Current CWA	
16. Programme	17.	College		1	8. Resid	dential Address (Where you	
						school is in session).	
19. Indicate the mode by which you ga	nined admission	to the Univers	ity.				
a) Less Endowed Student b) I	Parallel Student	c) Fee-Pay	ing Student	d) Regul	ar Stude	ent e) Other	
		Ļ					
			T = 4				
20. Have you applied for the 2022/202	3 KNUST Bursa	ary?	21. Are yo	ou on any F	inancial	Support?	
YES NO				YES [NO O	
			16	os sirva date	o:1a of +1	a a cabalamahin	
			пу	es give deta	ans of ti	ne scholarship.	
22 Name of CHC August 1		D	- CC 1	1	D'. 1	- C A 44 - 11 - 11 - 11 - 11	
22. Name of SHS Attended.		Programme	offered Period of Attendance				
•							

PART 2. PARENT / GUARDIAN INFORMATION

			,			<u>-</u>			
FATHER. Check the box if Deceased					MOTHER Check the box if Deceased				
1.Surname a) O		other Name(s)		1. Surname a) Other		Name(s)			
2. Marital Status	b) Ma	farried c) Separated/Divorced		2. Marital Status	a) Married b) So	eparated/Divorced			
3. Residential Address 4. Number of Children 5. Mobi		5. Mobile #	3. Residential Address Number of Children Mobile						
4. Type of Occupa	ation/W	/ork	5.Unempl	oyed	4 Type of Occupati	on/Work 5.	Unemployed		
academic stand	ing.	z. The fulla	s aummisu	Tators are neret		luct an investigation			
	_	o. The fund	. S ddiiiiiist	tutors are nerec	y authorized to conc	det dif ilivestigation	into my intenerar ar		
Applicant`s Name			Applicant's Signa	Date					
-	details eree m	of two refe	rees who ar	e Senior Memb	ers of the University	sor/College Councilo	r.		
Name			Name						
Position			Position						
Address	Address					ļ			
Date					Address				
Signature				<u> </u>	Address Date Signature				

PART 5. PERSONAL STATEMENT

Your typed personal statement should include:

a) Not more than 500 words, state why you feel you are eligible for the financial support .