



HULEDE FOUNDATION SCHOLARSHIP

2022/2023

FRESH APPLICANT APPLICATION FORM

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"/> <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"/> <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"/> <input type="text"/>		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. Church: eg. PENSA, GHAMSU, etc.		15. Current CWA		16. Programme	
17. College		18. Residential Address (Where you stay when school is in session).		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. Have you paid your academic fees? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. Are you on any Financial Support? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes give details of the scholarship.		22. Name of SHS Attended.	
Programme offered		Period of Attendance			

PART 2. PARENT / GUARDIAN INFORMATION

FATHER. Check the box if Deceased <input type="checkbox"/>			MOTHER Check the box if Deceased <input type="checkbox"/>		
1.Surname		a) Other Name(s)	1. Surname		a) Other Name(s)
2. Marital Status	b) Married <input type="checkbox"/> c) Separated/Divorced <input type="checkbox"/>		2. Marital Status	a) Married <input type="checkbox"/> b) Separated/Divorced <input type="checkbox"/>	
3. Residential Address	4. Number of Children	5. Mobile #	3. Residential Address	Number of Children	Mobile #
4. Type of Occupation/Work		5. Unemployed <input type="checkbox"/>	4 Type of Occupation/Work		5. Unemployed <input type="checkbox"/>
5. Is He responsible for your education? YES <input type="checkbox"/> NO <input type="checkbox"/>			5. Is She responsible for your education? YES <input type="checkbox"/> NO <input type="checkbox"/>		

PART 3. DECLARATION OF STUDENT

I hereby certify that the facts stated in the above application, as well as any submitted materials, are true and correct to the best of my knowledge. The fund's administrators are hereby authorized to conduct an investigation into my financial and academic standing.

Applicant`s Name	Applicant`s Signature	Date