KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

2024/2025 Academic Year

KNUST BURSARY APPLICATION FORM

PART 1. APPLICANT'S INFORMATION

| mi I. mi Diomi | 5 Information | | | | |
|---|----------------------------|---|-------------------------------------|--|--|
| 1. a) Surname b)First Name | | c)Other | Tame(s) | | |
| 2. Date of Birth (dd/mm/yy) | 3.Gender | 4.Student ID # | 5. Index Number | | |
| | Male: Female: | | | | |
| 6. Programme of Study | 3 | 7) Year (e.g. 1st Year, 2nd Year etc.) | r 8. College | | |
| 9. Residential Address (Where session). | you stay when school is in | 10. School/Student Telecel #: | 11. Other Mobile # | | |
| 12. E-Mail Address: | 13. Duration of Programme | 14. Current CWA 15. Religious Group Name(e.g. Christian, Muslim, etc.) | | | |
| 16. Church: (e.g Pentecost, Methodist, ICGC etc.) | 17. Town/Village/Ci | THE STATE OF | Region of Residence | | |
| 19. Indicate the mode by whic a) Less Endowed Student | | e University. e-Paying Student d) Regular Stu | ndent e) Other | | |
| 20. Have you applied for the 2 YES NO | 024/2025 SRC KBN? | 21. If you have benefited from any other scholarship/bursary, please state Source: Date: | | | |
| 22. Name of SHS Attended | Programme of study | Amount: Period of Attendance | Who is paying for your | | |
| 22. Name of SHS Attended | Frogramme of study | renou of Attendance | education and upkeep to this level? | | |
| | Z W | 10 | | | |

PART 2. PARENTS INFORMATION

| FATHER. Check the box if Deceased | | | MOTHER | Check the box is | f Deceased | | |
|--|--|----------------------|---|--------------------|------------|--|--|
| 1. Surname a) Other Name(s) | | 1. Surname | a) Other Name(s) | | | | |
| 2. Marital Status b) Married c) Separated/Divorced | | 2. Marital Status | a) Married b) | Separated/Divorced | | | |
| 3. Residential Address | 4. Number of Children | 5. Phone # | 3. Residential Add | ofChildren | 5. Phone # | | |
| 6. Type of Occupation/W | 7 ork 7. Unemplo | oyed | 6 Type of Occupat | ion/Work 7. | Unemployed | | |
| PART 3. STUDENT'S DECLARATION | | | | | | | |
| | e therefore authorize | ed to conduct an inv | als, are true and correct vestigation into my Date | | | | |
| Please provide | details of a referee. He | She MUST be | a Senior Member of | the University. | | | |
| REFEREE | 16 | 14/10 | A T | 15 | | | |
| Name | | | Posit | ion | | | |
| Address | THE STATE OF THE S | TE | Date | | W. | | |
| Signature & S | tamp | > | 6 | | | | |

Follow the link to register online before submitting this application form. https://bit.ly/KBN-Bursary24-25

Alternatively, you can scan the QR Code to register.

