



FONDAZIONE **EDU**

**KWAME NKRUMAH UNIVERSITY OF
SCIENCE AND TECHNOLOGY
(KNUST-GHANA)
STUDENTS' SUPPORT & FINANCIAL
SERVICES OFFICE**

NEW APPLICANT SCHOLARSHIP FORM

2024/2025

SECTION A – APPLICANT’S BACKGROUND INFORMATION

(Complete all questions using **BLOCK/CAPITAL** letters only. Where it is **not applicable** indicate **NA**.)

Your application will not be processed if you leave any question(s) unanswered)

1. Full name, as it appears on your documents. Surname: _____ Other Name(s): _____									
2. Date of Birth (dd/mm/yy)	3. Gender (Female/Male)								
	4. Student ID # <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>								
5. Place of Birth: Village/Town/City									
6. Nationality									
7. Home Town	8. District								
9. Region									
10. a Marital Status of Father - Check the box if Deceased <input type="checkbox"/>									
i) Married <input type="checkbox"/> ii) Separated/Divorced <input type="checkbox"/>									
b. Marital Status of Mother - Check the box if Deceased <input type="checkbox"/>									
i) Married <input type="checkbox"/> ii) Separated/Divorced <input type="checkbox"/>									
11. Indicate the mode by which you gained admission to the University									
a) Less Endowed Student <input type="checkbox"/>									
b) Regular Student <input type="checkbox"/>									
c) Parallel Student <input type="checkbox"/>									
d) Other <input type="checkbox"/>									
12. Religion	13. Name of Religious group (Pentecost, Methodists, ICGC etc.)								
14. Residential Address when school is in session.	15. Permanent Home Address: (where you normally reside, where you call home. <u>Do not provide</u> a Post Office Box number).								
	District: _____ Region: _____								
16a. Telephone# 1:	16b. Telephone# 2:								

17. Address to which correspondence regarding this application should be sent:		18. Current Year (eg.1st Year)
19. Academic Programme of Study (eg. BA, BSc , etc) ----- COURSES: (eg. Economics, Sociology, etc where applicable) ----- Duration of the study programme ----- Years	20a. Campus (eg. Main, Obuasi)	21. WASSCE RESULT (Aggregate)
	20b. Hall of Residence	

22. Please provide the following information on **all** your siblings and provide supporting documents to authenticate this. (USE THE BACK OF THE SHEET IF NECESSARY).

Surname	First Name(s)	Age	Education Level

23. Schools attended with dates

	Full Name of School	Town/District /Region	Dates of Attendance (eg. 2015-2018)	Who paid for your education and upkeep at this level?
Primary				
JHS				
SHS (Provide full address)				
Tech/Voc. Inst. (Provide full address)				
Other				

24. Indicate the mode by which you gained admission to the University.

MODE	MONTH/YEAR	Candidate Index Number	*Total Aggregate Score/ CGPA
SSSCE/WASSCE			
A LEVEL			
Diploma*			
Mature Students Exam			

***NOTE:** Use the aggregate that your admission into the University was based on. For Diploma holders provide the CGPA obtained at graduation.

SECTION B 1– INFORMATION ON FINANCES

25. Estimated Expenses **for the 2024/2025 academic year.** (Estimate how much you will need to spend during the academic year from January 2025 to August 2025. These expenses should be relevant to your studies only).

Academic Fees (University Approved Fees and Charges) Use this year's amount.	GHC
Residential /Housing/ Hostel (for 1 st and 2 nd Semester)	GHC
Feeding (for 1 st and 2 nd Semester)	GHC
Books	GHC
Transportation	GHC
Other (specify)	GHC
Other (specify)	GHC
TOTAL	GHC

26. Indicate below the amount of money **that you expect will be available to you from each of the following sources for the 2024/2025 academic year from January 2025 to August 2025.**

Personal	GHC
Parents/ Guardian (if they are not employed and do not expect any money from your parents/guardian, please attach a sworn affidavit from them explaining why they will not give you anything towards your educational expenses).	GHC
Benefactor	GHC
Part-time employment	GHC
SSNIT / SLTF student loan	GHC
Scholarship (specify)	GHC
Other (specify)	GHC
Other (specify)	GHC
TOTAL	GHC

27. How much funding do you require? This amount is the **difference** between your **total estimated expenses** (question 25) and what **you expect will be available** to you from the sources indicated (question 26).

GHC

SECTION B 2– INFORMATION ON SPONSORSHIP

28. If you have applied or intend to apply for other types of financial support for the 2024/2025 year please state:		
The type of financial support (eg. Scholarship, bursary, student loan)	Amount (GH¢)	The agency to which the application has been, or, will be made (eg. Ghana Government, SSNIT, SLTF, MTN)
a.		
b.		
c.		

29. If you have been promised financial support for the 2024/2025 academic year from any Organization/ Benefactor/Individual, please provide:	
Name and address of the Organization/Benefactor/Individual	The amount in financial support (GH¢)
a.	
b.	

30. Provide the name and address of the organization, which has up to date been responsible for your education (If applicable).	31. Will the said sponsor <u>continue</u> to provide financial support for your education?
	32. If YES what is the expected total amount of sponsorship per year? GH¢ _____

SECTION B 3 - FOR STUDENTS WITH DISABILITIES

33a. Type of Disability (eg. blindness)	34a. Do you qualify to receive Government Bursary for disability?
33b. Percentage of Disability (if known)?	34b. How much scholarship do you expect to receive? GH¢ _____

SECTION B 4 -ADDITIONAL INFORMATION

35. You may provide **additional** information to support this application. This information can include awards received, information on others who help sponsor your education, and other information on your financial situation. (Additional paper may be used if required)

SECTION B5 - ESSAY

Please attach two separate essays telling us

1. Why you feel you should be considered for this scholarship?
2. Why did you choose the course for which you are enrolled?

Please **submit** the following (do not send the originals of any documents):

- Applicant's WASSCE RESULT.
- Recommendation letters from Senior High School.
- Evidence of income of parent/guardian.
- Documents/evidence to establish the relationship with siblings.
- Birth certificate of siblings and their school fees etc.
- Any other supporting documents that you believe will assist in the processing of your application.

DECLARATION

It is important that your eligibility for student financial aid be based upon accurate information.

I do hereby declare that to the best of my knowledge all my information given in this application are true and made in good faith.

Signature of Student _____ Date _____

Note: Misrepresentation in any material form renders the application null and void. Any award made based on misrepresentation shall be withdrawn or refunded by the applicant, and he/she may be prosecuted. The truth, rather than lies, will get you Financial Aid.

SECTION C 1 - (TO BE COMPLETED BY PARENT/LEGAL GUARDIAN – person so far responsible for financing the education of the applicant)

36. Full Name Surname: _____ Other Name(s): _____	37. Address. Telephone #
38a District of residence:	38b. Region of residence:
39a. Occupation.	39b. Name and address of employer.

40. Gross Annual Income. (GH¢)

(Salary and income from **other sources**. Please substantiate with a recent official salary slip, pension slip or audited financial statement. If unemployed, please attach a sworn affidavit and declare how you survive and your sources of funds for survival). **Please note that this information is necessary and if not provided your application will be disqualified.**

Other income that you receive from any of the under listed sources:

- Pension:
- Investment returns:
- Rental income:
- Contribution from others sources:
(Earnings from taxi, passenger cars, corn mill, farming activities, petty trading, remittances from family etc).:

41. What is your relationship to the applicant? (Please tick)

<input type="checkbox"/>	Father
<input type="checkbox"/>	Mother
<input type="checkbox"/>	Uncle
<input type="checkbox"/>	Aunt
<input type="checkbox"/>	Brother
<input type="checkbox"/>	Sister
<input type="checkbox"/>	Other (Specify).

42. What is your highest level of Education?

<input type="checkbox"/>	Tertiary	<input type="checkbox"/>	JSS	<input type="checkbox"/>	Primary
<input type="checkbox"/>	Secondary	<input type="checkbox"/>	Middle School	<input type="checkbox"/>	No Formal Education

43. Are you:

<input type="checkbox"/>	Currently Employed	<input type="checkbox"/>	Retired
<input type="checkbox"/>	Self Employed	<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	Other		<input type="checkbox"/>

44. SSNIT Number (if applicable)

<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"/>
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45. National Health Insurance Number

46. Please tick the type of accommodation that you and your family occupy.

<input type="checkbox"/>	Own House
<input type="checkbox"/>	Family House
<input type="checkbox"/>	Rented Premises paid for by my employer
<input type="checkbox"/>	Rented premises paid for by self
<input type="checkbox"/>	Other (specify)

47. Provide information on your dependents

Surname	First Name(s)	Relationship	Age	Educational Level

48. Indicate total amount paid in fees and other related expenses per year for dependents at each level of education and provide proof of current attendance (Attach school bills and receipts):

Level of Education	Number of dependents of school going age	Total Amount Paid per year (GH¢)
Kindergarten/Primary		
JSS		
SSS/Tech-Voc.		
Tertiary		
Other		
TOTAL		

49. How much are you prepared to pay towards the fees and upkeep of your ward for the **2024/2025** academic year?

GH¢

SECTION C 2 - TO BE COMPLETED BY YOUR SECOND PARENT

50. Full Name Surname: Other Name(s)		51. Address. Telephone #
52. District of residence.		Region of residence.
53. Occupation.	Name and address of employer.	
54. Annual Total Gross Income (Salary and income from other sources) (GH¢).		

55. SSNIT Number (if applicable)

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56. National Health Insurance Number

57. What is your relationship to the applicant? (Please Tick)

	Father
	Mother

DECLARATION TO BE SIGNED BY BOTH PARENTS OR GUARDIAN

It is important that your dependent’s eligibility for student financial aid be based upon accurate information.

I do hereby declare that all the information given above is true and made in good faith.

Signature or thumb print of **parent/guardian** _____ Date _____

Signature or thumb print of **second parent** _____ Date _____

Where parent cannot read nor write

Name of **witness** _____ Position _____

Signature of **witness** _____ Date _____

Note: Misrepresentation in any form or manner shall render the application null and void. Any awards made based on a misrepresentation shall be withdrawn or refunded by the applicant, and he/she also may be prosecuted.

The University reserves the right to cancel the applicant’s application if false or incorrect information is supplied.

Thank you for your cooperation. Together, we can ensure that the right students get financial support, and that the integrity of the KNUST Students’ Support & Financial Services Office program is preserved.

Follow the link to register online before submitting this application form.

<https://bit.ly/KNUSTScholarships2025>

Alternatively, you can scan the QR Code to register.



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