



HULEDE FOUNDATION SCHOLARSHIP

2024/2025

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 # <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | 5. Index Number <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | |
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| 6. Place of Birth | | 7. Town/Village/City of Residence | | | | 8. District/Region of Residence | | | | | | | | | | | | | | | | | | | |
| 9. Hall of Affiliation: | | 10. Year (eg. First Year.) | | 11. Student Telecel # : | | 12. Other mobile # : | | | | | | | | | | | | | | | | | | | |
| 13. E-Mail Address: | | 14. Church: eg. PENSA, GHAMSU, etc. | | | | 15. CWA/WASSCE Agg. | | | | | | | | | | | | | | | | | | | |
| 16. Programme | | 17. College (e.g CANR, COS) | | 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 | | | | | | | | | | | | | | | | | | | | | |
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PART 2. PARENT / GUARDIAN INFORMATION

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|---|--|--|--|--|--|--|--|
| FATHER. Check the box if Deceased <input style="float: right;" type="checkbox"/> | | | MOTHER Check the box if Deceased <input style="float: right;" 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 | | 3. Residential Address | | Number of Children | |
| 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 |
| | | |

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

<https://bit.ly/KNUSTScholarships2025>

Alternatively, you can scan the QR Code to register.

