

# KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY DIRECTORATE OF STUDENT AFFAIRS

#### STUDENT SUPPORT AND FINANCIAL SERVICES

2024/2025

## S.T NANKANI AND HAGAN BURSARY APPLICATION FORMS

### APPLICANT'S INFORMATION

| Surname   |               | First name           |                                       | Other 1                    | name(s)                       |                                  |
|---|---------------|----------------------|---------------------------------------|----------------------------|-------------------------------|----------------------------------|
| Student ID Number                                 |               | Index Number         |                                       | Male                       | Gender                        | Female                           |
| Date of Birth(dd/mm/yy                            | )             | Place of Birth (eg.1 | Kumasi-Ashanti l                      | Region)                    | Nationa                       | ılity                            |
| Residential Address                               | Hall/Hoste    | el of Affiliation    | Religion/<br>(eg. Christiani          | Religious g<br>ty/Pentecos | roup<br>t Church)             |                                  |
| Student Telecel Number Programme                  |               | Other mobile num     | ber                                   | (eg.                       | ent Year<br>2nd Year)         | Current CWA                      |
| College   |               | Faculty              |                                       | Departi                    | ment                          |                                  |
| Kindly specify the channel a)Less Endowed Student |               |                      | you admission to<br>ee-Paying Student |                            | sity was atta<br>ılar Student | ined<br>e)Other                  |
| Residential Address who school is in Session      | schola<br>Yes | es, state Source     | •                                     | I -                        | hip/bursary,                  | d from any other<br>Please state |
| Name of Schools Attende                           | d Pr          | rogramme of Study    | Period of A                           | ttendance                  | Who paid for and upkeep       | or your education at this level  |
| a)SHS/TECHNICAL                                   |               |                      |                                       |                            | 1 1                           |                                  |
| b)JHS   |               |                      |                                       |                            |                               |                                  |
|   |               |                      |                                       |                            |                               |                                  |

### PARENT'S INFORMATION

|   | FATHER                                      | MOTHER                    |                    |  |  |
|---|---|---------------------------|--------------------|--|--|
| Name                                    |   | Name                      |                    |  |  |
| Check the box if                        | Deceased                                    | Check the box if Deceased |                    |  |  |
| Marital Status                          | Married Divorced Separated                  | Married  Marital Status   | Divorced Separated |  |  |
| Residential Addres                      | SS  | Residential Address       |                    |  |  |
| Mobile Number                           | Number of Children                          | Mobile Number             | Number of Children |  |  |
| Employment Statu                        | Employed Unemployed                         | Employment Status Emp     | oloyed Unemployed  |  |  |
| Occupation                              |   | Occupation                |                    |  |  |
|   | DECLA                                       | ARATION                   |                    |  |  |
| I hearby declare the                    | hat the information given by me is True a   | nd Accurate               |                    |  |  |
| Applicants' Name                        | Applica                                     | nts' Signature            | Date               |  |  |
| • | •••••                                       | ••••                      | •••••              |  |  |
|   | NAME AND ADD                                | RESS OF REFEREI           | E                  |  |  |
| Please provide detai                    | ls of one referee. He/She must be a Senior  | Memeber of the University |                    |  |  |
| Name:                                   |   | Position                  |                    |  |  |
| Address                                 |   | Date                      |                    |  |  |
| Official Signature a                    | nd Stamp                                    | •                         |                    |  |  |
|   | egister online before submitting this appli | cation form.              |                    |  |  |
| https://bit.lv/KNUS                     | STScholarships2025                          |                           |                    |  |  |

Alternatively, you can scan the QR Code to register.

