

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

KNUST BURSARY APPLICATION FORM

PART 1. APPLICANT'S INFORMATION

1. a) Surname	b)First Name	A	c)Other Name(s)
2. Date of Birth (dd/mm/yy)	3.Gender	4. Reference Numb	er 5. Index Number
	Male: Female:		
6. Programme of Study		7) Year (e.g. 1st Year Year etc.)	r, 2nd 8. College (e.g COS, CHS, CABE)
9. Residential Address (Where session).	e yo <mark>u stay when school is i</mark>	n 10. Primary Phone No	umber 11. Alternative Phone Number
12. E-Mail Address:	13. Duration of Programme	14. Current CWA	15. Religious Group (e.g Christian, Muslim, etc.)
16. Church: (e.g Pentecost, Methodist, ICGC etc.)	17. Town/Village	/City of Residence 18	3. District/Region of Residence
19. Indicate the mode by whice a) Less Endowed Student			egular Student e) Other
20. Have you applied for the 2	025/2026 SRC KBN?	21. If you have benef please state Source:	fited from any other scholarship/bursary,
YES		Date: Amount:	
22. Name of SHS Attended	Programme of stud	ly Period of Attendance	Who paid for your education and upkeep to this level?

PART 2. PARENTS INFORMATION

FATHER. Check the box if Deceased			MOTHER.	IOTHER. Check the box if Deceased		
1. Surname	Other Nan	ne(s)		1. Surname	Other N	ame(s)
2. Marital Status ^{a)}	Married	b) Separated	/Divorced	2. Marital Status	a) Married	b) Separated/Divorced
3. Residential Address	4. Phone 1	No.	5. Number of Children	3. Residential Address	4. Phone N	o. 5. Number of Children
6. Type of Occupat	ion/Work	7. Une	employed	6 Type of Occup	pation/Work	7. Unemployed

PART 3. STUDENT'S DECLARATION

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 administrators are therefore authorized to conduct an investigation into my financial and academic standing.

Applicant's Name

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Applicant's Signature

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Date

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PART 4. NAME AND ADDRESS OF REFEREE

Please provide details of a referee. He/She MUST be a Senior Member of the University. REFEREE					
Name	E	Position			
Address	NHS AP.	Date			

Signature & Stamp (Both a signature and an official stamp are strictly required. Missing either is grounds for disqualification)



Follow the link to register online before submitting this application form. https://bit.ly/KBNKNUST-Bursary26

Alternatively, you can scan the QR Code to register.