

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY (KNUST), KUMASI
UPK BURSARY APPLICATION FORM - 2025/2026 ACADEMIC YEAR

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 <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; width: 15px; height: 15px;"></div><div style="border: 1px solid black; width: 15px; height: 15px;"></div><div style="border: 1px solid black; width: 15px; height: 15px;"></div><div style="border: 1px solid black; width: 15px; height: 15px;"></div><div style="border: 1px solid black; width: 15px; height: 15px;"></div><div style="border: 1px solid black; width: 15px; height: 15px;"></div><div style="border: 1px solid black; width: 15px; height: 15px;"></div><div style="border: 1px solid black; width: 15px; height: 15px;"></div></div>		5. Index Number <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; width: 15px; height: 15px;"></div><div style="border: 1px solid black; width: 15px; height: 15px;"></div><div style="border: 1px solid black; width: 15px; height: 15px;"></div><div style="border: 1px solid black; width: 15px; height: 15px;"></div><div style="border: 1px solid black; width: 15px; height: 15px;"></div><div style="border: 1px solid black; width: 15px; height: 15px;"></div><div style="border: 1px solid black; width: 15px; height: 15px;"></div><div style="border: 1px solid black; width: 15px; height: 15px;"></div></div>	
6. a) Place of Birth:		b) Residential Address			7. Nationality	
8. E-Mail Address		9. Hall of Affiliation	10. Student Vodafone		11. Other Mobile	
12. Programme		13. Duration of Programme			14. Current CWA	
15. College	16. Faculty		17. Department		18. Level	
19. Indicate the mode by which you gained admission to the University. a) Less Endowed Student b) Parallel Student c) Fee-Paying Student d) Regular Student e) Other <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>						
20. a) Residential Address when school is in session: b) Residential Address when school is NOT in session:		21. Are you benefiting from any scholarship/bursary from KNUST? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, Please state the source: Date: Amount:		22. Are you benefiting from any other scholarship/bursary outside KNUST? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, Please state the source: Date: Amount:		

23. Schools Attended (Name)	Programme	Period of Attendance	Who paid for your education and upkeep at these levels.
a) SHS/ TECHNICAL			
b) JHS			

PART 2. PARENTS INFORMATION

FATHER Check the box if Deceased <input type="checkbox"/>		MOTHER Check the box if Deceased <input type="checkbox"/>	
1. Name		1. Name	
2. Marital Status	a) Single <input type="checkbox"/> b) Married <input type="checkbox"/> c) Separated/Divorced <input type="checkbox"/>	2. Marital Status	a) Single <input type="checkbox"/> b) Married <input type="checkbox"/> c) Separated/Divorced <input type="checkbox"/>
3. Residential Address	4. Mobile Number:	3. Residential Address	4. Mobile Number:
	5. a) Number of Children:		5. Number of Children:
5. b) List the names of your siblings	5. c) Educational Level	5. b) List the names of your siblings	5. c) Educational Level
1.		4.	
2.		5.	
3.		6.	
6. Occupation:	7. Unemployed <input type="checkbox"/>	6. Occupation:	7. Unemployed <input type="checkbox"/>
8. Name and Address of Employer:		8. Name and Address of Employer:	

PART 3. GUARDIAN INFORMATION (IF APPLICABLE)

GUARDIAN			
1. Surname	a) Middle Name	b) Other Name	
2. Marital Status	a) Single <input type="checkbox"/> b) Married <input type="checkbox"/> c) Separated/Divorced <input type="checkbox"/>		
3. Residential Address		4. Number of Children	5. Mobile Number:
6. Occupation		7. Unemployed <input type="checkbox"/>	
8. Name and Address of Employer			

PART 4. DECLARATION

I hereby declare that the information given by me is True and Accurate.

Applicants' Name

Applicants' Signature

Date

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PART 5. NAME AND ADDRESS OF REFEREE

Please provide details of one referee. He/She **MUST** be your Head of Department or Exams Officer.

Name		Position	
Signature		Date	
Address:			

The referee cited above may complete this portion.

I, have known the applicant over a period of (Years)
and can confirm that He/She comes from a financially disadvantaged background and needs financial assistance to support His/hers Education.