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

PART 1. APPLICANT'S INFORMATION

b) Fir		First Name			c) Other I	Name(s)	
3. Gender 4. St			udent ID		5. Index Number		
Male:	Female:						
6. a) Place of Birth:			ddres	S		7. Nationality	
8. E-Mail Address		9. Hall of Affiliation 10. Studen		t Vodafone	11. Other Mobile		
12. Programme			13. Duration of Programme			14. Current CWA	
15. College 16. Faculty				17. Departi	18. Level		
19. Indicate the mode by which you gained admission to the University.							
it b) Pai	rallel Stu	udent c)	Fee-F	Paying Stude	nt d) Regu	ular Student e) Other	
20. a) Residential Address when school is in session:		scholarship/bursary fr KNUST? YES NO			22. Are you benefiting from any other scholarship/bursa outside KNUST? YES NO I		
ممطر	,						
b) Residential Address when school is NOT in session:		Date:			Date:		
	Amour	nt:			Amount	:	
	Male: 16. Facult which you hen	3. Gender Male: Fem. b) Resi 9. Hall 16. Faculty which you gair t b) Parallel Stu ss 21. Are scholar KNUST YES If YES, when : Date:	Male: Female: b) Residential A 9. Hall of Affilia 13. Dur 16. Faculty which you gained admit t b) Parallel Student c) ss 21. Are you ber scholarship/but KNUST? YES N If YES, Please st	3. Gender Male: Female: 5 b) Residential Addres 9. Hall of Affiliation 13. Duration 16. Faculty which you gained admission t b) Parallel Student c) Fee-F ss 21. Are you benefiting scholarship/bursary fix KNUST? YES NO 1 If YES, Please state the	3. Gender Male: Female: Discrete Semale: Semale: Discrete Semale: Semale: Discrete Discrete Semale: Discrete Semale: Discrete	3. Gender A. Student ID Male: Female: 10. Student Vodafone 9. Hall of Affiliation 10. Student Vodafone 13. Duration of Programme 16. Faculty 17. Department which you gained admission to the University. t b) Parallel Student c) Fee-Paying Student d) Regresses ss 21. Are you benefiting from any scholarship/bursary from KNUST? YES NO NO YES 1 If YES, Please state the source: If YES, P	

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

PART 2. PARENTS INFORMATION

FATHER Check the box if Deceased			MOTHER Check the box if Deceased			
1. Name			1. Name			
2. Marital Status	b) M	ngle larried parated/Divorced	b) N		b) M	ngle larried eparated/Divorced
3. Residential Add	esidential Address 4. Mobile Number:		3. Residential Address		ess	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		s of	5. c) Educational Level
1.			4.			
2.			5.			
3.			6.			
6. Occupation:		7. Unemployed	6. Occupation:			7. Unemployed
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 b) Married	c) Separated/Div	orced 🔲			
3. Residential Add	ress	4. Number of Chi	ldren 5. Mobile Number:			
6. Occupation		7.Unemployed	7.Unemployed			
8. Name and Addr	ress of Employer					
ART 4. DECLA	ARATION					
າereby declare tha	t the information given by m	is True and Accurate.				
pplicants' Name	Annlican	·s' Signature	Date			
pplicalits Maille	Арріісан	Applicants' Signature Date				
ART 5. NAME	AND ADDRESS OF RI	FEREE				
ease provide deta	ils of one referee. He/She MU	ST be your Head of De	epartment or Exams Officer.			
Name		Position				
Signature		Date				
Address:						
Address.						
ne referee cited a	bove may complete this po	rtion.				
	have know	the applicant over a _l	period of (Years)			
nd can confirm tha	at He/She comes from a finan	ially disadvantaged b	ackground and needs financial			
	rt His/hers Education.	,	Č			
ssistance to suppo	TETTISTICIS EUUCAUUTI.					