



KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

2026/2027
Academic Year

KNUST BURSARY 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. Reference Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		5. Index Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
6. Programme of Study				7) Year (e.g. 1st Year, 2nd Year etc.)		8. College (e.g COS, CHS, CABE)	
9. Residential Address (<i>Where you stay when school is in session</i>).				10. Primary Phone Number		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. District/Region of Residence			
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 applied for the 2026/2027 SRC-KBN? YES <input type="checkbox"/> NO <input type="checkbox"/>				21. If you have benefited from any other scholarship/bursary, please state Source: Date: Amount:			
22. Name of SHS Attended		Programme of study		Period of Attendance		Who paid for your education and upkeep to this level?	

PART 2. PARENTS INFORMATION

FATHER. Check the box if Deceased <input type="checkbox"/>			MOTHER. Check the box if Deceased <input type="checkbox"/>		
1. Surname	Other Name(s)		1. Surname	Other Name(s)	
2. Marital Status	a) Married <input type="checkbox"/>	b) Separated/Divorced <input type="checkbox"/>	2. Marital Status	a) Married <input type="checkbox"/>	b) Separated/Divorced <input type="checkbox"/>
3. Residential Address	4. Phone No.	5. Number of Children	3. Residential Address	4. Phone No.	5. Number of Children
6. Type of Occupation/Work	7. Unemployed <input type="checkbox"/>		6 Type of Occupation/Work	7. Unemployed <input type="checkbox"/>	

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

Applicant's Signature

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		Position	
Address		Date	

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

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

<https://bit.ly/registerbursary27>

Alternatively, you can scan the QR Code to register.

