



**KWAME NKRUMAH UNIVERSITY OF SCIENCE AND
TECHNOLOGY**
SRC KETAWA BIARA NSUA (KBN) BURSARY 2026/2027
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. Student ID # <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"/>	
6. Programme (e.g BSc. Statistics)		7. Year (e.g. 1st Year, 2nd Year etc.)		8. College (E.g CAFE, COS, CHS)			
9. Residential Address (Where you stay when school is in session).		10. Primary Phone Number:		11. Alternative Phone Number:			
12. E-Mail Address:		13. Current CWA/ WASSCE Agg.		14. Religious Group (e.g Christian, Muslim, etc)			
15. Church: (e.g Pentecost, Methodist, ICGC etc.)		16. Town/Village/City of Residence		17. District/Region of Residence			
18. 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"/>							
19. Have you applied for the 2026/2027 KNUST Bursary? YES <input type="checkbox"/> NO <input type="checkbox"/>				20. Are you on any Financial Support? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes state the name of the scholarship below.			
21. a) Name of SHS Attended.		b) Programme of Study		c) Period of Attendance		d) Who paid for your education and upkeep up to this level?	

PART 2. PARENT / GUARDIAN INFORMATION

FATHER.

MOTHER.

Check box if deceased <input type="checkbox"/>			Check box if deceased <input type="checkbox"/>		
1. Surname		a) Other Name(s)	1. Surname		a) 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 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 one 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.

