



**KWAME NKRUMAH UNIVERSITY OF
SCIENCE AND TECHNOLOGY
(KNUST-GHANA)**

STUDENTS' FINANCIAL SERVICES OFFICE

BENEFICIARIES RENEWAL FORM

2017-2018

SECTION A – APPLICANT'S BACKGROUND INFORMATION

*(Complete all questions using **BLOCK/CAPITAL** letters only. Where it is **not applicable** indicate **NA**.*

Your application will not be processed if you leave any question unanswered)

1. Full name, as it appears on your documents. Surname: _____ Other Name(s): _____										
2. Date of Birth (e.g. 20 May 1997)	3. Gender (Female/Male)	4. Student ID # <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>								
5. Place of Birth: Village/Town/City _____ District Region _____		6. Nationality _____								
7. Home Town _____	8. District _____	9. Region _____								
10. School Term Address: (where you will live when school is in session e.g. Room 3 Frontline Hostel-Ayeduae, Room 17 George Empire Hostel-Ayeduae, etc)		11. Permanent Home Address: (where you normally reside, where you call home. <u>Do not provide</u> a Post Office Box number). District: _____ Region: _____								
Telephone#: _____ KNUST Active Email: _____	Telephone#: _____ Alternative Active Email: _____									
12. Address to which correspondence regarding this application should be sent: _____		13. Level of Study for 2017/2018 (e.g. Level 200) -----								
14. Academic Programme of Study (e.g. BA, BSc, etc) ----- COURSES: (e.g. Economics, Sociology, Maths etc where applicable) ----- Duration of the study programme ----- Years	15a. Campus (e.g. Main)	16. WASSCE RESULT (Aggregate)								
	15b. Hall of Residence									

17. Please provide the following information on **all** your siblings and provide supporting documents to authenticate this. (USE THE BACK OF THE SHEET IF NECESSARY).

Surname	First Name(s)	Age	Education Level

18. Schools attended with dates

	Full Name of School	Town/District /Region	Dates of Attendance (eg 2001-2003)	Who paid for your education and upkeep at this level?
Primary				
JHS				
SHS (Provide full address)				
Tech/Voc Inst. (Provide full address)				
Other				

19. Indicate the mode by which you gained admission to the University.

MODE	MONTH/YEAR	Candidate Index Number	*Total Aggregate Score/ CGPA
SSSCE/WASSCE			
SSSCE/WASSCE			
A LEVEL			
Diploma*			
Mature Students Exam			

*NOTE: Use the aggregate that your admission into the University was based on. For Diploma holders provide the CGPA obtained at graduation.

SECTION B 1– INFORMATION ON FINANCES

20. Estimated Expenses **for the 2017/2018 academic year.** (Estimate how much you will need to spend during the academic year from August 2017 to May 2018. These expenses should be relevant to your studies only).

Academic Fees (University Approved Fees and Charges) Use this year's amount.	GHC
Residential /Housing/ Hostel (for 1 st and 2 nd semester)	GHC
Feeding (for 1 st and 2 nd semester)	GHC
Books	GHC
Transportation	GHC
Other (specify)	GHC
Other (specify)	GHC
TOTAL	GHC

21. Indicate below the amount of money **that you expect will be available to you from each of the following sources for 2017/2018 academic year from August 2017 to May 2018.**

Personal	GHC
Parents/ Guardian (if you are not employed and do not expect any money from your parents/guardian, please attach a sworn affidavit from them explaining why they will not give you anything towards your educational expenses).	GHC
Benefactor	GHC
Part-time employment	GHC
SSNIT / SLTF student loan	GHC
Scholarship (specify)	GHC
Other (specify)	GHC
Other (specify)	GHC
TOTAL	GHC

22. How much funding do you require? This amount is the **difference** between your **totalestimated expenses** (question 20) and what **you expect will be available** to you from the sources indicated (question 21).

GHC

SECTION B 2– INFORMATION ON SPONSORSHIP

23. If you have applied or intend to apply for other types of financial support for the 2017/2018 year please state:		
The type of financial support (e.g. <i>Scholarship, bursary, student loan</i>)	Amount (GH¢)	The agency to which application has been, or, will be made(e.g. <i>Ghana Government, SSNIT, SLTF, MTN</i>)
a.		
b.		
c.		

24. If you have been promised financial support for the 2017/2018 academic year from any Body/Organization, Benefactor, or Individual please provide:	
Name and address of the Body/Organization/Benefactor/Individual	The amount in financial support (GH¢)
a.	
b.	

25. Provide the name and address of the organization, which has up to date been responsible for your education (If applicable).	26. Will the said sponsor <u>continue</u> to provide financial support for your education?
	27. If YES what is the expected total amount of sponsorship per year? GH¢ _____

SECTION B 3 - FOR STUDENTS WITH DISABILITIES

28a. Type of Disability (e.g. blindness)	29a. Do you qualify to receive Government Bursary for disability?
28b. Percentage of Disability (if known)?	29b. How much in scholarship do you expect to receive? GH¢ _____

SECTION B 4 -ADDITIONAL INFORMATION

30. You may provide **additional** information to support this application. This information can include awards received, information on others who help sponsor your education, and other information on your financial situation. (Additional paper may be used if required)

SECTION B5 - ESSAY

Please attach two separate essays telling us

1. Why you feel you should be considered for this scholarship?
2. Why did you choose the course for which you are enrolled?
3. How after your graduation, will you make a difference in Ghana.
(Not more than two typed pages each).

Please **submit** the following (do not send the originals of any documents):

- Applicant's WASSCE RESULT.
- Recommendation letters from Senior High School.
- Evidence of income of parent/guardian.
- Documents/evidence to establish the relationship with siblings.
- Birth certificate of siblings and their school fees etc.
- Any other supporting documents that you believe will assist in the processing of your application.

Declaration

It is important that your eligibility for student financial aid be based upon accurate information.

I do hereby declare that to the best of my knowledge all my information given in this application are true and made in good faith.

Signature of Student _____ Date _____

Note: *Misrepresentation in any material form renders the application null and void. Any award made based on misrepresentation shall be withdrawn or refunded by the applicant, and he/she may be prosecuted. The truth, rather than lies, will get you Financial Aid.*

SECTION C 1 - (TO BE COMPLETED BY PARENT/LEGAL GUARDIAN – person so far responsible for financing the education of the applicant)

31. Full Name Surname: _____ Other Name(s): _____	32. Address. Telephone #
33. District of residence: _____ 33b. Region of residence: _____	
34. Occupation.	34b. Name and address of employer.
35. Annual Total Gross Income. (GH¢) (Salary and income from other sources . Please substantiate with a recent official salary slip, pension slip or audited financial statement. If unemployed, please attach a sworn affidavit and declare how you survive and your sources of funds for survival). <i>Please note that this information is necessary and if not provided your application will be disqualified.</i> <u>Other income that you receive from any of the under listed sources:</u> Pension : _____ Investment returns : _____ Rental income: _____ Contribution from others sources : _____ (Earnings from taxi, passenger cars, corn mill, farming activities, petty trading, remittances from family etc). : _____	

36. What is your relationship to the applicant?

	Father
	Mother
	Uncle
	Aunt
	Brother
	Sister
	Other (Specify). _____

37. What is your highest level of Education?

Tertiary	JSS	Primary	
Secondary	Middle School	No Formal Education	

38. Are you:

Currently Employed	Retired
Self Employed	Unemployed
Other	

39. SSNIT Number (if applicable)

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40. National Health Insurance Number

41. Please tick the type of accommodation that you and your family occupy.

<input type="checkbox"/>	Own House
<input type="checkbox"/>	Family House
<input type="checkbox"/>	Rented Premises paid for by my employer
<input type="checkbox"/>	Rented premises paid for by self
<input type="checkbox"/>	Other (specify)

42. Provide information on your dependants.

Surname	First Name(s)	Relationship	Age	Educational Level

43. Indicate total amount paid in fees and other related expenses per year for dependants at each level of education and provide proof of current attendance (Attach school bills and receipts):

Level of Education	Number of dependants of school going age	Total Amount Paid per year(GH¢)
Kindergarten/Primary		
JSS		
SSS/Tech-Voc.		
Tertiary		
Other		
TOTAL		

44. How much are you prepared to pay towards the fees and upkeep of your ward for the **2017/2018** academic year?

GH¢

SECTION C 2 - TO BE COMPLETED BY YOUR SECOND PARENT

45. Full Name Surname: Other Name(s)		46. Address. Telephone #
47. District of residence.		Region of residence.
48. Occupation.	Name and address of employer.	
49. Annual Total Gross Income (Salary and income from other sources) (GH¢).		

50. SSNIT Number (if applicable)

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51. National Health Insurance Number

52. What is your relationship to the applicant

	Father
	Mother

DECLARATION TO BE SIGNED BY BOTH PARENTS OR GUARDIAN

It is important that your dependant’s eligibility for student financial aid be based upon accurate information.

I do hereby declare that all the information given above is true and made in good faith.

Signature or thump print of **parent/guardian** _____ Date _____

Signature or thump print of **second parent** _____ Date _____

Where parent cannot read nor write

Name of **witness** _____ Position _____

Signature of **witness** _____ Date _____

Note: Misrepresentation in any form or manner shall render the application null and void. Any awards made based on a misrepresentation shall be withdrawn or refunded by the applicant, and he/she also may be prosecuted.

The University reserves the right to cancel the applicant’s application if false or incorrect information is supplied.

Thank you for your cooperation. Together, we can ensure that the right students get financial support, and that the integrity of the KNUST Students’ Financial Services Office program is preserved.

FOR OFFICE USE ONLY

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