

PART 1.APPLICANTS' INFORMATION

1.Full Name of student	a) Sur Name	b) First Name	c) Other Name(s)
2. Date of Birth (eg.13 May, 2010)	3.Gender Male: <input type="checkbox"/> Female: <input type="checkbox"/>	4.Students 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"/> <input type="text"/> <input type="text"/>
6.Place of Birth:	7. Nationality	8.Region /District	9.Town/Village/City
10. E-Mail Address	11. Hall of Affiliation	12. Student Vodafone Mobile #	13.Other Mobile #
14. Programme		15. Duration of Programme	16. CWA
17. College	18. Faculty	19. Department	20. Year (eg. Level 100)
21. Indicate the mode by which you gained admission to the University. a) Less Endows Students <input type="checkbox"/> b) Parallel Student <input type="checkbox"/> c) Fee-Paying Student <input type="checkbox"/> d)Regular Student <input type="checkbox"/> e) Others <input type="checkbox"/>			
22. School Team Address (Where you will live when school is in session. eg. Room 5 Unity Hall, hostel/ room 2frontline etc.)	23. Are you on any any scholarship? YES <input type="checkbox"/> NO <input type="checkbox"/>	24. Have you enjoyed any financial Assistancs from the Univesity. YES <input type="checkbox"/> NO <input type="checkbox"/>	25. If Yes state Source, Date Amounts
26. Have you been Promised Financial support for the Academic Year from any Body/Organization, NGO, Benefactor, or Individual YES <input type="checkbox"/> NO <input type="checkbox"/>			
27. Name and Address of the Body/Organization, NGO, Benefactor, or Individual			The Amount Promised

UNIBANK GHANA LIMITED SCHOLARSHIP APPLICATION FORMS

28. Schools Attended	Date of Attendance	Award/Certificate	Who paid for your education and upkeep at this level.
a) SHS			
b) JHS			
b) PRIMARY			
c) TECHNICAL/VOCATIONAL			

PART 2.PARENT/GUARGIAN INFORMATION

FATHER		12. Check the box if Deceased <input type="checkbox"/>	
1.Full Name	a) Sur Name	b) Other Name	2. Age
3. Marital Status	a)Single <input type="checkbox"/>	b)Married <input type="checkbox"/>	c) Separated/Divorced <input type="checkbox"/>
4. Place of Birth	5. Residential Address	6. Number of Children (Excluding You)	7. Mobile #
8. Occupation	9. Name of Employer	10. Job Title	11. Address of Employer

MOTHER		12. Check the box if Deceased <input type="checkbox"/>	
1.Full Name	a) Sur Name	b) Other Name	2. Age
3. Marital Status	a)Single <input type="checkbox"/>	b)Married <input type="checkbox"/>	c) Separated/Divorced <input type="checkbox"/>
4. Place of Birth	5. Residential Address	6. Number of Children (Excluding You)	7. Mobile #
8. Occupation	9. Name of Employer	10. Job Title	11. Address of Employer

DECLARATION

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

Applicants' Name

Applicants' Signature

Date

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PART 3.NAME AND ADDRESS OF REFEREE

Please provide details of one referee. He/she **MUST** be in an academic position (A senior Member or Head of Department) of the **University**.

REFEREE			
Name		Position	
Signature		Date	
Address			

The referee cited above may complete this portion.

I, Have known.....
Over a period of
 (Month(s)/Years(s)) and can confirm that He/She comes from a financially disadvantaged background and needs financial assistance to support His/hers Education.