TG-SESSA FORM A

 (New Applicants)



SCHOOL OF ENGINEERING SCIENCES TOYOTA GHANA SCHOLARSHIP AWARD

UNDERGRADUATE APPLICATION FOR FINANCIAL AID

|  |
| --- |
| 2025-2026 |

**SECTION A – UNDERGRADUATE 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 official documents. Surname: Other Name(s): |
| 2. Date of Birth (e.g. 20th May 1997) | 3. Gender (Female/Male) | 4. Student ID No:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
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| 5. Place of Birth (Village/Town/ City): District: Region:  | 6. Nationality: |
| 7. Hometown: | 8. District: | 9. Region: |
| 10. School Term Address (where you reside when school is in session e.g. Room 3 Volta Hall, Hse # 45 Jerry Lane ARS, Room 9B ADU-ABBA Hostel, Adjiriganor etc):District: Region: | 11. Permanent Home Address (where you normally reside, where you call home. Do not provide a Post Office Box number):District: Region: |
| Telephone No: UG Email: | Telephone No:  Alternative Email: |
| 12. Address to which correspondence **regarding this application** should be sent: | 13. Level of Study for **2025-2026:** |
| 14a. Academic Programme of Study: ------------------------------------------------------------------------14b. COURSES (e.g. Agric, Sociology, Maths etc): ----------------------------------------------------------------------- | 15. College: | 16. **CGPA (GPA** for the past year of study) to the best of your knowledge: |
| 17. Status (e.g. Regular, fee paying, etc): | 18. Hall of Residence: |

19. 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** |
|  |  |  |  |
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#### SECTION B 1– INFORMATION ON FINANCES

20. Estimated Expenses **for the 2025-2026 academic year.** (Estimate how much you will need to spend during the 2025-2026 academic year. These expenses should be relevant to your studies only.

|  |  |
| --- | --- |
| Academic Fees (University Approved Fees and Charges) Use this year’s amount. | **GH¢:** |
| Residential /Housing/ Hostel (for 1st and 2nd semester) | **GH¢:** |
| Feeding (for 1st and 2nd semester) | **GH¢:** |
| Books | **GH¢:** |
| Transportation | **GH¢:** |
| Other (specify) | **GH¢:** |
| Other (specify) | **GH¢:** |
| TOTAL | **GH¢:** |

21. Indicate below the amount of money **that you expect will be available to you from each of the following sources for 2025-26** **academic year.**

|  |  |
| --- | --- |
| Personal  | **GH¢** |
| 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). | **GH¢:** |
| Benefactor | **GH¢:** |
| Part-time employment | **GH¢:** |
| SSNIT / SLTF student loan | **GH¢:** |
| Scholarship (specify) | **GH¢:** |
| Other (specify) | **GH¢:** |
| Other (specify) | **GH¢:** |
| TOTAL | **GH¢:** |

22. How much funding do you require? This amount is the **difference** between your **total** **estimated expenses** (question 18) and what **you expect will be available** to you from the sources indicated (question 19).

**GH¢:**

**SECTION B 2- FOR STUDENTS WITH DISABILITIES**

|  |  |
| --- | --- |
| 23a. Type of Disability (e.g. blindness): | 23b. Do you qualify to receive Government Bursary for disability? Yes No  |
| 23c. Percentage of Disability (if known)? | 23d. How much in scholarship do you expect to receive? **GH¢: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

#### SECTION B 3 – INFORMATION ON SPONSORSHIP

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| 24. If you **have applied or intend to apply** for other types of financial support for the **2025-2026** year please state: |
| The type of financial support *(e.g. Scholarship, student loan)* | Amount**(GH¢)** | The agency to which application has been, or will be made (*e.g. Ghana Government, SSNIT, NGO, SLTF, MTN*) |
| a. |  |  |  |
| b. |  |  |  |

|  |
| --- |
| 25. If you **have been promised** financial support for the **2025-2026** 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. |  |  |
| 26. Provide the name(s) and address(es) of the organization, which has up to date been responsible for your education (If applicable). | 27. Will the said sponsor continue to provide financial support for your education? |
| 28. If **YES** what is the expected total amount of sponsorship per year?  **GH¢:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION B 4 - ADDITIONAL INFORMATION**

29. You may attach any **NEW ADDITIONAL** information that you believe we must take into consideration in processing this application.

**SECTION B7 – ESSAY**

Please attach two separate essays in Times New Roman Font size 12 and 1.0 spacing, between 300 and 600 words of not more than one typed page each telling us:

1. Why you feel you should be considered for this scholarship.
2. What is your motivation for studying engineering?

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

* Evidence of income of parent/guardian.
* Documents/evidence to establish the relationship with siblings and or dependants as the case may be. (Birth certificate or Baptism Certificate)
* WASSCE and University Transcripts
* Admission and recommendation letters
* 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)***

|  |  |
| --- | --- |
| 30a. Full Name Surname:  ------------------------------------------------------- Other Name(s):  -----------------------------------------------  | 30b. Address:  |
| 30c. Occupation : 30d. Telephone No: Email: |
| 30e. District of residence:   Region of Residence: | 30f. Name and address of employer: |
| 1. 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 evidence to show how you survive and your sources of funds for survival). ***Please note that this information is necessary and if not provided the SFAO will disqualify your application.*****Other income that you receive from any of the under listed sources:**

|  |  |
| --- | --- |
| Pension:   | **GH¢**:  |
| Investment received:   | **GH¢:**  |
| Rent:   | **GH¢**: |
| Contribution from others sources:   | **GH¢**:  |

 (Earnings from taxi, passenger cars, corn mill, farming activities, petty trading, remittances from family etc.). GH ¢: |

1. 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 |  |  |
| JHS |  |  |
| SHS/Tech-Voc. |  |  |
| Tertiary |  |  |
| Other |  |  |
| TOTAL : |  |  |

1. How much are you prepared to pay towards the fees and upkeep of your ward for the **2025-2026** academic year?

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| --- |
| **GH¢**: |

**SECTION C 2 - TO BE COMPLETED BY YOUR SECOND PARENT**

|  |  |
| --- | --- |
| 1. Full Name

Surname: Other Name(s): | 1. Address.

 Telephone No: |
| 1. District of residence: Region of residence:
 |
| 1. Occupation:
 | Name and address of employer: |
| 1. Annual Total Gross Income (Salary and income from other sources) **(GH¢):**
 |
| 1. What is your relationship to the applicant:
 |

# DECLARATION TO BE SIGNED BY SECOND PARENT 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 **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 Toyota Ghana - School of Engineering Sciences Scholarship program is preserved.***

**FOR OFFICE USE ONLY**

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