



EY Ghana CSR STUDENTS FINANCIAL AID OFFICE
UNIVERSITY OF GHANA
APPLICATION FOR EY Ghana CSR

2022-2023

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 June, 2000) | 3. Gender (Female/Male) | 4. Student ID # <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></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 153 Volta Hall, Hse # 845 Okai Lane Madina, Room 47A AGES-ABBA Hostel, Bawaleshie 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#: _____ UG Email: _____ | Telephone#: _____ Alternative Email: _____ | | | | | | | | | |
| 12. Address to which correspondence regarding this application should be sent: _____ | | 13a. Current Level of Study (e.g. Level 100) _____ | | | | | | | | |
| 14. Academic Programme of Study (e.g. BA, BSc, etc) ----- 14b. COURSES: (e.g. Engineering, Sociology, Maths etc where applicable) ----- | | 15a. College _____ 15b. Campus (e.g. Main, ACC, K-Bu) _____ | | | | | | | | |
| 14c. Status (e.g. Regular, Distance, Fee-paying etc) _____ | 15c. Hall/Hostel of Residence _____ | 16b. WASSCE results (for level 100) _____ | | | | | | | | |

17a. 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 |
|---------|---------------|-----|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

17b. Please provide the following information on your Parents and provide supporting documents to authenticate this. (USE ADDITIONAL SHEET IF NECESSARY).

| | Name | Occupation | Level of Education | Dead/Alive |
|---------------|------|------------|--------------------|------------|
| Father's name | | | | |
| Mother's name | | | | |

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 2022-23 academic year.** (Estimate how much you will need to spend during the academic year from **January 2023 to September 2023** 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 1 st and 2 nd semester) | GH¢ |
| Feeding (for 1 st and 2 nd semester) | GH¢ |
| Books | GH¢ |
| Transportation | GH¢ |
| Out of pocket (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 2022-23 academic year from January 2023 to September 2023.**

| | |
|---|-----|
| 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 Loans (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 20) and what **you expect will be available** to you from the sources indicated (question 21).

| |
|-----|
| GH¢ |
|-----|

23. What type of Financial Aid are you seeking? (Tick as many as are applicable)

| | |
|-----------------------------|--|
| Full Scholarship | |
| Partial Scholarship | |
| Part-time Campus Job | |
| Other (specify) | |

SECTION B 2 – INFORMATION ON SPONSORSHIP

| 24. If you have applied or intend to apply for other types of financial support for the 2022-23 year please state: | | |
|--|-----------------|--|
| The type of financial support (e.g. Scholarship, bursary, student loan) | Amount (GH¢) | The agency to which application has been, or, will be made(e.g. Ghana Government, SSNIT, SLTF, MTN) |
| a. | | |
| b. | | |
| c. | | |

| 25. If you have been promised financial support for the 2022-23 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 and address of the organization, which has up to date been responsible for your education (If applicable). | 27. Will the said sponsor <u>continue</u> to provide financial support for your education? |
| | 28. If YES what is the expected total amount of sponsorship per year? GH¢ _____ |
| a. | |
| b. | |

SECTION B 3 - FOR STUDENTS WITH DISABILITIES

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

SECTION B 4 - APPLICANT’S EMPLOYMENT HISTORY (If applicable)

(This section is also applicable to those who worked during the one-year period after SHS)

| | |
|---|---|
| 30. Period of Employment (dd/mm/yy). From _____ to _____ | |
| 31. Name, address and contact information of current or last employer. | |
| 32. Will you be on salary during the period of your studies? | 33. State your total <u>gross</u> income (Salary and income from other sources) per year (GH¢). |
| 34. Will you be expected to serve a bond after completing your studies? | |

SECTION B 5 – TO BE FILLED BY APPLICANTS WITH DEPENDANTS

35. Provide the following information on your dependents.

| Surname | Other Name(s) | Age | Level of Education | Relationship |
|---------|---------------|-----|--------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

36. If married, provide the following information about your spouse.

| | |
|-----------------------|----------------|
| Full Name: Surname | Other Name(s): |
|-----------------------|----------------|

| | |
|---|------------|
| Level of Education | Occupation |
| Name and address of Employer. | |
| Annual Total Gross Income (Salary and income from other sources. Attach evidence) | |

SECTION B 6 - ADDITIONAL INFORMATION

37. 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 B7 – ESSAY

Please **ATTACH THREE** separate typed 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 do you feel you should be considered for this EY Ghana CSR scholarship?
2. What beneficial things has EY Ghana CSR been doing in Ghana?
3. What can you contribute through your field of knowledge to make Ghana a better place to live?

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

- Evidence of income of parent/guardian.
- Applicant's most current pay slip if applicable.
- Documents/evidence to establish the relationship with siblings and or dependents as the case may be.
- 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)

| | | | | | | | | | |
|--|------------------------------------|-----------|-----|----------------------|-----|----------------|-----|------------------------------------|-----|
| 38. Full Name Surname: _____ Other Name(s): _____ | 39. Address. Telephone # | | | | | | | | |
| 40. District of residence: | 40b. Region of residence: | | | | | | | | |
| 41. Occupation. | 41b. Name and address of employer. | | | | | | | | |
| 42. 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. <u>Other income that you receive from any of the under listed sources:</u> <table border="1"><tr><td>Pension :</td><td>GH¢</td></tr><tr><td>Investment returns :</td><td>GH¢</td></tr><tr><td>Rental income:</td><td>GH¢</td></tr><tr><td>Contribution from others sources :</td><td>GH¢</td></tr></table> (Earnings from taxi, passenger cars, corn mill, farming activities, petty trading, remittances from family etc). | | Pension : | GH¢ | Investment returns : | GH¢ | Rental income: | GH¢ | Contribution from others sources : | GH¢ |
| Pension : | GH¢ | | | | | | | | |
| Investment returns : | GH¢ | | | | | | | | |
| Rental income: | GH¢ | | | | | | | | |
| Contribution from others sources : | GH¢ | | | | | | | | |

43. What is your relationship to the applicant?

| | |
|--|--------|
| | Father |
| | Mother |
| | Uncle |
| | Aunt |

| | |
|--|------------------|
| | Brother |
| | Sister |
| | Other (Specify). |

44. What is your highest level of Education?

| | | | | | |
|-----------|--|---------------|--|---------------------|--|
| Tertiary | | JSS | | Primary | |
| Secondary | | Middle School | | No Formal Education | |

45. Are you:

| | | | |
|--------------------|--|------------|--|
| Currently Employed | | Retired | |
| Self Employed | | Unemployed | |
| Other | | | |

46. SSNIT Number (if applicable)

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

47. Please tick the type of accommodation that you and your family occupy and family vehicle used.

| | | | | |
|--|-----------------|------|--|-------------|
| | Own House | | | Own Vehicle |
| | Family House | | | Car owner |
| | Rented Premises | | | Employee |
| | Other (specify) | Type | | |
| | | Use | | |

48. Provide information on your dependents.

| Surname | First Name(s) | Relationship | Age | Educational Level |
|---------|---------------|--------------|-----|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

| Level of Education | Number of dependents of school going age | Total Amount Paid per year (GH¢) |
|----------------------|--|----------------------------------|
| Kindergarten/Primary | | |
| JSS | | |

| | | |
|---------------|--|--|
| SSS/Tech-Voc. | | |
| Tertiary | | |
| Other | | |
| TOTAL | | |

50. How much are you prepared to pay towards the fees and upkeep of your ward for the 2022-**23** academic year?

GH¢

SECTION C 2 - TO BE COMPLETED BY YOUR SECOND PARENT

| | | |
|---|-------------------------------|---------------------------------|
| 52. Full Name Surname: Other Name(s) | | 53. Address. Telephone # |
| 54. District of residence. | | Region of residence. |
| 55. Occupation. | Name and address of employer. | |
| 56. Annual Total Gross Income (Salary and income from other sources) (GH¢). | | |

57. SSNIT Number (if applicable)

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

58. What is your relationship to the applicant

| | |
|--|----------|
| | Father |
| | Mother |
| | Guardian |

DECLARATION TO BE SIGNED BY BOTH PARENTS AND GUARDIAN

It is important that your dependent'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 University of Ghana Students Financial Aid program is preserved.

