

STUDENTS FINANCIAL AID OFFICE
UNIVERSITY OF GHANA
2018-19 ACADEMIC YEAR

RENEWAL OF APPLICATION FOR UG SPONSORSHIP

SECTION A – APPLICANT’S BACKGROUND INFORMATION

*(Complete all questions using **BLOCK** letters only. Where it is not applicable indicate **NA**. Please note that your application will not be processed if you leave any questions unanswered)*

1. Full name, as it appears on your documents. Surname: _____ Other Name(s): _____				2. Student ID No: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
3. Gender (M/F)	4. Date of Birth(e.g. 20 May 1997)	5. Hometown	6. District	7. Region											
8. School Term Address: <i>(where you reside when school is in session e.g. Room 3 Volta Hall, Hse # 45 Okai Lane Madina, Room 7A AGES-ABBA Hostel, Bawaleshie etc)</i>				9. Permanent Home Address: <i>(where you normally reside. No post office box number).</i>											
District: _____ Region: _____		District: _____ Region: _____													
Telephone No: _____			Telephone No: _____												
Email Address:(UG email) _____			Email Address: _____												
10. Address to which correspondence regarding this application should be sent.				12a. Current Level of Study (e.g. Level 300)		12b. Level of Study for 2018-19									
11a. Academic Programme of Study (e.g. BA, BSC, etc) _____		13a. College _____		14a. CGPA or (GPA for the past year of study). _____											
11b. COURSES: (e.g. Agric, Sociology, Maths etc) _____		13b. Campus (Main, K-Bu) _____													
11c. Status (e.g. regular, distance, fee-paying etc.) _____		13c. Hall of Residence _____		14b. WASSCE (for Level 100) _____											

15. Please provide the following information on **all** your siblings and provide supporting documents to authenticate this (use back page of sheet if necessary)

Surname	First Name(s)	Age	Education Level

SECTION B 1 – INFORMATION ON FINANCES

16. Estimated Expenses **for the 2018-19 academic year.**

Academic Fees (University Approved Fees and Charges)	GH¢
Residential /Housing/ Hostel	GH¢
Feeding	GH¢
Books	GH¢
Transportation	GH¢
Other (specify)	GH¢
TOTAL	GH¢

17. Indicate how much money **you expect will be available to you** from each of the following sources **for the 2018-19 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¢
TOTAL	GH¢

18. How much funding do you estimate you will require?
(The difference between the totals of question 16 and 17)

GH¢

SECTION B 2 – INFORMATION ON SPONSORSHIP

19. If you **have applied or intend to apply** for other types of financial support for the **2018-19** year 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, SLTF,)
a.		
b.		

20. If you **have received or been promised** financial support for the **2018-19** academic year from any other Body/Organization/benefactor, or individual please provide:

Name and address of the body/organization/benefactor/individual.	The amount of financial support (GH¢)
a.	
b.	

21. Provide the name and address of the organization, which has at any point been responsible for your education.

22. Will the said sponsor continue to provide financial support for your education? **YES NO**

23. If **YES** what is the expected total amount of sponsorship per year?

GH¢

SECTION B 3 - FOR STUDENTS WITH DISABILITIES

24a. Type of Disability (e.g. blindness)	24b. Do you qualify to receive Government Bursary for disability?
24c. Percentage of Disability (if known)?	24d. How much in scholarship do you expect to receive? GH¢ _____

SECTION B 4 – ADDITIONAL INFORMATION

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

SECTION B 5 ESSAYS

Please ATTACH Three 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 should be considered for further financial assistance and **How** the previous aid award helped you.
2. Fund raising ideas that (individual or group) can help SFAO raise funds while you are in school. Secondly what you think SFAO can do better.
3. Now that you have been in the University, what would you like to be in the next seven years? (not more than two pages each)

Please **submit** the following (submit photocopies):

- Evidence of current income of parent/guardian.
- SFAO Scholarship Award letter
- Applicant's most current payslip if applicable.
- Any other new 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 all the information given above is true.

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) Applications will not be processed if this form is not completely filled out.)

26. Full Name Surname: _____ Other name(s) _____	27. Address. Telephone no: _____
28. District of residence. Region of residence.	28.SSNIT No: (If applicable) Nat. Health Insurance No:
29. Occupation.	30. Name and address of employer

31. Annual Total Gross Income (GH¢)

(Salary and income from **other sources**. Please substantiate with a recent 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).

Other sources of income:

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).

32. What is your relationship to the applicant?

33. Indicate total amount paid in fees and other related expenses in the past academic year for dependants at each level of education. It is important to show proof of current attendance (Attach the most current school bills and receipts):

Level of Education	Number of dependants	Total Amount Paid per year (GH¢)	Institutions of attendance (Name)
Kindergarten/Primary			
JSS			
SSS/Tech-Voc.			
Tertiary			
Other (specify)			
TOTAL			

34. How much are you prepared to pay towards the fees and upkeep of your ward for the **2018-19** academic year?

GH¢

TO BE COMPLETED BY YOUR SECOND PARENT

35. Full Name Surname: _____ Other Name(s): _____	36. Address. Telephone No. _____
37a. District of residence. Region of residence. _____	37b. SSNIT No. (if applicable) _____ Nat. Health Insurance No. _____
38. Occupations. _____	Name and address of employer _____
39. Annual Total Gross Income (Salary and income from other sources . Please substantiate with a recent payslip, pension slip or audited financial statement). <p style="text-align: center;">GH¢</p>	
40. What is your relationship to the applicant? _____	

Declaration

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.

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

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

Note: Misrepresentation in any material form renders the application null and void. Any award made based on misrepresentation shall be withdrawn, be required to be paid back and you 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.

FOR OFFICE USE ONLY

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