

YI BI BOA SCHOLARSHIP SCHEME

STUDENTS FINANCIAL AID OFFICE

UNIVERSITY OF GHANA

2019-20 ACADEMIC YEAR**RENEWAL OF UNDERGRDUATE APPLICATION FOR FINANCIAL AID****SECTION A – UNDERGRADUATE 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="display: inline-table; vertical-align: middle;"> <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 :(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.) District: _____ Region: _____		9. Permanent Home Address: (where you normally reside. No post office box number). District: _____ Region: _____									
Telephone No: _____ Email Address:(UG email) _____		Telephone No: _____ Email Address: _____									
10. Address to which correspondence regarding this application should be sent.		12. Current Level of Study (e.g. Level 300)	12. Level of Study for 2019-20								
11a. Academic Programme of Study (e.g. BA, BSC, etc.) _____		13a. College	13b. Campus (Main, K-Bu)								
11b. COURSES: (e.g. Agric, Sociology, Maths etc.) _____ _____ _____		13c. Hall of Residence									
11c. Status (e.g. Regular, Distance, Fee-paying etc.)		14a Total number of years (e.g. 4yrs, 6yrs)	14b. CGPA or (GPA for the past year of study). _____								

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 2019-20 academic year.**

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

17. Indicate how much money **you expect will be available to you** from each of the following sources **for the 2019-20 academic year**

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
TOTAL	GHC

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

GHC

SECTION B 2 - 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? GHC _____

SECTION B 3 – INFORMATION ON SPONSORSHIP

19. If you have applied or intend to apply for other types of financial support for the 2019-2020 year state:		
The type of financial support (<i>e.g. Scholarship,, student loan</i>)	Amount (GH¢)	The agency to which application has been, or, will be made(<i>e.g. Ghana Government, SSNIT, SLTF,</i>)
a.		
b.		
20. If you have received or been promised financial support for the 2019-20 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 <u>continue</u> 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 4 – ADDITIONAL INFORMATION

25. You may attach 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 telling us in not more than one page each:

1. **Why** you should be considered for further financial assistance and **How** the previous aid awarded helped you.
2. **What** would you recommend for the form, application process and the scholarship scheme?
3. **What** would you do to improve and contribute towards the activities of SRC?

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:	27. Address.
Other name(s)	
Occupation.	Telephone no: Email:
28. District of residence.	28.SSNIT No: (If applicable)
Region of residence.	Nat. Health Insurance No:
29. What is your relationship to the applicant?	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).

32. 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.). :
GH¢ _____

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
Kindergarten/Primary			
JHS			
SHS/Tech-Voc.			
Tertiary			
Other (specify)			
TOTAL			

34. How much are you prepared to pay towards the fees and upkeep of your ward for the **2019-20** 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: right;">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.

