

TTSS-SFAO FORM ToS1

(New Applicants)



UG STUDENTS FINANCIAL AID OFFICE

TERTIARY SCHOLARSHIP SCHEME SCHOLARSHIP FORM

2020-2021

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 May 1997)	3. Gender (Female/Male)	4. Student ID # <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </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 3 Volta Hall, Hse # 45 Okai Lane Madina, Room 7A 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#:	Telephone#:									
UG Email:	Alternative Email:									
12. Address to which correspondence regarding this application should be sent:		13. Level of Study for 2020/2021 (e.g. Level 200) Level _____								
14a. Academic Programme of Study (e.g. BA, BSc, etc) ----- 14b. COURSES: (e.g. Economics, Sociology, Maths etc where applicable) ----- 14c. Total Number of Years (e.g 4yrs,6yrs) _____	15a. College 15b. Campus (e.g. Main, K-Bu)	16. WASSCE RESULT (Aggregate)								
14d. Academic Status (e.g. Fulltime regular, Distance, Fee-paying)	15b. Hall of Residence	16b. CGPA								

17. 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

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 2020/2021 academic year.** (Estimate how much you will need to spend during the academic year from August 2020 to May 2021. 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¢
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 2020/2021 academic year from August 2020 to May 2021.**

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

GH¢

SECTION B 2 – INFORMATION ON SPONSORSHIP

23. If you have applied or intend to apply for other types of financial support for the 2020/2021 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, NGO, SLTF, MTN)
a.		
b.		
c.		
d.		

24. If you have been promised financial support for the 2020/2021 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.	
c.	

25. Provide the name(s) and address(es) of the organization, which has up to date been responsible for your education (If applicable).	26. Will the said sponsor <u>continue</u> to provide financial support for your education?
	27. If YES what is the expected total amount of sponsorship per year? GH¢ _____

SECTION B 3 - FOR STUDENTS WITH DISABILITIES

28a. Type of Disability (e.g. blindness)	29a. Do you qualify to receive Government Bursary for disability?
28b. Percentage of Disability (if known)?	29b. How much in scholarship do you (expect to) receive? GH¢ _____

SECTION B 4 - ADDITIONAL INFORMATION

30. 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 B5 - ESSAY

Please attach three separate essays. Each should not be less than 2/3 typed page or more than one typed page telling us:

1. Why you feel you should be considered for this scholarship?
2. Why you chose the course for which you are enrolled and what are your future plans?
3. About a meaningful and/or challenging experience you have had during your past school life.

Please **submit** the following:

- Recommendation letters from Senior High School.
- (do not send the originals of any of these documents below):
- Applicant’s WASSCE RESULT /transcripts.
 - Evidence of income of parent/guardian.
 - Documents/evidence to establish the relationship with siblings.
 - Birth certificate of siblings and their school fees etc.
 - Any other supporting documents that you believe will assist in the processing of your application.

Consent

Please **circle** one (want or not want) for each statement below:

- a. If I am not successful I would want / not want my personal data to given to another donor.
- b. If successful I would want / not want my transcripts and personal data to be forwarded to another donor

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)

31. Full Name Surname: ----- Other Name(s): -----	32. Address. Telephone #
33. District of residence:	33b. Region of residence:
34. Occupation.	34b. Name and address of employer.
35. 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 a sworn affidavit and declare 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> Pension : Investment returns : Rental income: Contribution from others sources : (Earnings from taxi, passenger cars, corn mill, farming activities, petty trading, remittances from family etc). :	

36. What is your relationship to the applicant?

	Father
	Mother
	Uncle
	Aunt
	Brother
	Sister
	Guardian
	Other (Specify).

37. What is your highest level of Education?

Tertiary	JSS	Primary	
Secondary	Middle School	No Formal Education	

38. Are you:

Currently Employed	Retired	
Self Employed	Unemployed	
Other		

39. SSNIT Number (if applicable)

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40. National Health Insurance Number

41. Please tick the type of accommodation that you and your family occupy.

<input type="checkbox"/>	Own House
<input type="checkbox"/>	Family House
<input type="checkbox"/>	Rented Premises paid for by my employer
<input type="checkbox"/>	Rented premises paid for by self
<input type="checkbox"/>	Other (specify)

42. Provide information on your dependants and showing prove indicate total amount paid in fees and other related expenses per year for dependants of current education attendance (e.g. Attach school bills and receipts):

Surname	First Name(s)	Relationship	Age	Educational Level	Total Amount Paid per year (GH¢)
TOTAL GH¢					

43. Summarise your dependants at each level of education.

Level of Education	Number of dependants of school going age
Kindergarten/Primary	
JSS	
SSS/Tech-Voc.	
Tertiary	
Other	
TOTAL	

44. How much are you prepared to pay towards the fees and upkeep of your ward for the **2020/2021** academic year?

GH¢

SECTION C 2 - TO BE COMPLETED BY YOUR SECOND PARENT

45. Full Name Surname: _____ Other Name(s) _____		46. Address. Telephone # _____	
47. District of residence. _____		Region of residence. _____	
48. Occupation. _____	Name and address of employer. _____		
49. Annual Total Gross Income (Salary and income from other sources) (GH¢). _____			

50. SSNIT Number (if applicable)

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51. National Health Insurance Number

52. What is your relationship to the applicant

	Father
	Mother
	Guardian

DECLARATION TO BE SIGNED BY BOTH PARENTS 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 **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.