

TERTIARY EDUCATION SCHOLARSHIP TRUST (TEST) FOR GHANA

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APPLICATION FOR SCHOLARSHIP

SECTION A – APPLICANT’S BACKGROUND INFORMATION

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

NOTE; DEADLINE FOR SUBMISSION OF APPLICATION FORMS FOR CONTINUING (NEW APPLICANTS) STUDENTS IS 30th MAY 2014 NO APPLICATIONS WILL BE ACCEPTED FROM CONTINUING STUDENTS AFTER THIS DATE. FRESH STUDENTS NEED TO SUBMIT THEIR APPLICATIONS ON OR BEFORE 29th AUGUST 2014

1. Full name, as it appears on your documents. Surname: _____ Other Name(s): _____																							
2. Date of Birth (e.g. 20 May 1986)	3. Gender (Female/Male)	4. Student ID # <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> <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> <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>																					
5. Place of Birth: Village/Town/ City	District	Region	Country																				
			6. Nationality																				
7. Home Town: Village/Town/ City		District	Region																				
8. School Term Address : (where you reside when school is in session. Provide details on your hall of residence, hostel, rented accommodation or your home address if you will be living at home)		9. Permanent Home Address: (where you normally reside with your parents/guardian. Do not provide a post office box number alone).																					
District: _____ Region: _____																							
Telephone#: _____ Mobile#: _____		Telephone#: _____																					
Institutional Email Address: _____		Alternative Email Address (if applicable): _____																					
10. Address to which correspondence regarding this application should be sent:																							
11. Academic Programme of Study (e.g. BA, BSC, etc) _____		12. Level of Study for 2014/15 (e.g. Level 200)	14. CGPA (if you are already enrolled in a tertiary institution).																				
COURSES: (e.g. Agric, Sociology, Maths etc)		13. Duration of Study																					

15. Please provide the following information on **all** your siblings. (Use the back of the sheet if necessary)

Surname	Other Name(s)	Age	Education Level (e.g. none, primary, secondary, tertiary etc)

16. Schools attended with dates (applicant)

	Full Name of School	Town/District/Region	Dates of Attendance (eg 2001-2003)	Who was responsible for your education expenses and general upkeep at this level?
Primary				
JHS				
SHS (Provide full address)				
Tech/Voc Inst. (Provide full address)				
Other				

17. Indicate the mode by which you gained admission to the University.

MODE	Year of Examination	Candidate Index Number	*Total Aggregate Score/ CGPA
SSSCE/WASSCE			
A LEVEL			
Diploma*			
Mature Students Examination			

***NOTE:** Use the aggregate that your admission into the University was based on. For Diploma holders provide the CGPA obtained.

SECTION B 1– INFORMATION ON FINANCES

18. Estimated Expenses **for the 2014-15 academic year**. (Estimate how much you will need to spend during the academic year from August 2014 to May 2015. These expenses should be relevant to your studies only.

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

19. Indicate below the amount of money **that you expect will be available to you** from each of the following sources **for 2014-15 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: eg MPs Common Fund, District Assembly etc)	GH¢
Other (specify)	GH¢
Other (specify)	GH¢
TOTAL	GH¢

20. 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¢

(The total of question 18 minus the total of question 19)

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

Full Scholarship	
Partial Scholarship	

SECTION B 2 – INFORMATION ON SPONSORSHIP

22. If you **have applied or intend to apply** for other types of financial support for the **2014-15** year please state:

The type of financial support (e.g. <i>Scholarship, bursary, student loan</i>)	Amount (GH¢)	The agency to which application has been, or, will be made (e.g. <i>Ghana Government, SSNIT, SLTF, MTN</i>)
a.		
b.		
c.		

23. If you **have been promised** financial support for the **2014-15** 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.	

24. Provide the name and address of the organization, which has up to date been responsible for your education (If applicable).

25. Will the said sponsor continue to provide financial support for your education?

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

GH¢ _____

27. If you **have limited financial** support for the **2014-15** academic year, which of the following options would you prefer?

a.	Be paid to the institution directly for your fees	
b.	Be paid to you directly for your fees	

SECTION B 3 - FOR STUDENTS WITH DISABILITIES

28. Do you qualify to receive Government Bursary for disability?	29. Percentage of Disability?
30. 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 SSS and any other long vacation jobs or part time jobs done)

31. Period of Employment.	
32. Name, address and contact information of current or last employer.	
33. Will you be on salary during the period of your studies?	34. State your total gross income (Salary and income from other sources) per year (GH¢).
35. Will you be expected to serve a bond after completing your studies?	

SECTION B 5 – TO BE FILLED BY APPLICANTS WITH DEPENDANTS

36. Provide the following information on your dependants.

Surname	Other Name(s)	Age	Level of Education	Relationship

37. 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

38. You may provide **additional** information to support this application. (Additional paper may be used if required)

39. In no more than 500 words, state why you feel you are eligible for the financial aid and how you intend it to help you improve the socio-economic prospects of your country. (Submit this essay on a separate sheet)

Please **submit** any of the following that are applicable to you (do not send the originals of any documents unless they are addressed to TEST):

- Photocopy of examination results
- Photocopy of admission letter if you have been newly admitted to a tertiary institution
- Evidence of income of parent/guardian.
- Most up to date academic transcript
- Applicant's most current payslip if applicable.
- Documents/evidence to establish the relationship with siblings and or dependants as the case may be.
- Attach sworn affidavits to support any claims made on this application form.
- 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 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)

40. Full Name Surname: _____ Other Name(s): _____	41. Address. Telephone # _____
42. District of residence: _____ Region of residence: _____	
43. Occupation.	44. Name and address of employer. Contact Person: _____
45. 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). <i>Please note that this information is necessary and if not provided TEST will not process application.</i> Other sources of income: Pension: Investment interest: Income from rent: Contributions from other sources: Earnings from taxi, passenger cars, corn mill, farming activities, petty trading, remittances from family members etc. :	

46. What is your relationship to the applicant?

1	Father
2	Mother
3	Uncle
4	Aunt
5	Brother
6	Sister
7	Other (Specify) _____

47. What is your highest level of Education?

1	Tertiary	2	JSS	3	Primary
4	Secondary	5	Middle School	6	No Formal Education

48. Are you:

1	Currently Employed	2	Retired
3	Self Employed	4	Unemployed

49. SSNIT Number (if applicable)

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50. National Health Insurance Number:

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

52. Provide information on your dependants.

<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)

Surname	Other Name(s)	Relationship	Age	Educational Level

53. 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 attending school at this level	Total amount paid in the last year (GH¢)
Kindergarten/Primary		
JSS		
SSS/Tech-Voc.		
Tertiary		
Other		
TOTAL		

54. How much are you prepared to pay towards the fees and upkeep of your ward for the 2014/15 academic year?

GH¢

SECTION C 2 - TO BE COMPLETED BY YOUR SECOND PARENT/LEGAL GUARDIAN

55. Full Name Surname: Other Name(s)	56. Address. Telephone #
57. District of residence.	Region of residence.
58. Occupation.	59. Name and address of employer.
60. Annual Total Gross Income (Salary and income from other sources) (GH¢).	

61. SSNIT Number (if applicable)

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62. National Health Insurance Number

63. What is your relationship to the applicant

	Father
	Mother

SECTION D

64. Have you ever been Charged and/or Convicted of a criminal offence? If so, please state the Charge/Conviction and elaborate on the circumstances and outcome. (Use an extra sheet if required)

DECLARATION TO BE SIGNED BY BOTH PARENTS OR GUARDIANS

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/legal guardian** _____ Date _____

Signature or thump print of **second parent** _____ 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 Trust 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 TEST scholarship scheme is preserved.

FOR OFFICE USE ONLY

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**TERTIARY EDUCATION SCHOLARSHIP TRUST (TEST) FOR GHANA
BOND FORM**

KNOW ALL MEN BY THESE PRESENT THAT

I,.....
Full name (applicant)

of.....
Full address in Ghana

In Ghana aforesaid is jointly and severally bond unto the Tertiary Education Scholarship Trust (TEST) for Ghana for **five years**.

WHEREAS the said...(name of applicant).....with student ID.....ofBSc/BA/BED/HND.....
.....has accepted the scholarship award of TEST for Ghana Scholarship for the 2014/15 academic year to pursue his/her education at.....University/Polytechnic.
Sealed this.....day of..... in the year of our Lord 2014.

Now the conditions of the bonds are such.

That the said (Name of Applicant)shall complete the course requirements of the said University/Polytechnic, obey and perform all lawful instructions, orders and directions given to him/her. Will support and participate in TEST for Ghana fund raising activities, annual meetings and **serve his/her bond period by working in Ghana** after completion of said University/Polytechnic, Will be bonded for a fixed term of five (5) years. All TEST for Ghana scholars will commit to the highest moral standards and not bring TEST for Ghana into disrepute. That all TEST for Ghana Scholars wishing to pursue further postgraduate studies outside Ghana, but within the bonding period, to secure permission from the Trustees, and immediately following completion of such studies shall return to Ghana to serve out such non-utilized bonding period

(SIGNED SEALED AND DELIVERED)

By the obligator in the presence of:

Name in full:.....

Signature:.....

Address.....

Occupation.....

Note: Guarantor should not be below the grade of Head of Department, Deputy Head of Department, Managing Director, Legal Practitioner, Medical Practitioner, Senior Public Officer and Prominent Business with identifiable address.