

SFAO FORM 1 (New Applicants)
THE LARRY ADDO UG SCHOLARSHIP
STUDENTS FINANCIAL AID OFFICE
UNIVERSITY OF GHANA

2019-2020

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. Day, Month, Year)	3. Gender (Female/Male)	4. Student ID # <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></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) GPS Address: _____		11. Permanent Home Address: (where you normally reside, where you call home. <u>Do not provide</u> a Post Office Box number). District: _____ Region: _____ GPS Address: _____									
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 200)	13b. Level of Study for 2019-20								
14a. Academic Programme of Study (e.g. BA, BSc, MA, MPhil etc) ----- 14b. COURSES: (e.g. Economics, Sociology, Maths etc where applicable) -----		15a. College 15b. Campus (e.g. Main, K-Bu)	16a. CGPA (GPA for the past year of study) to the best of your knowledge.								
14c. Status: (e.g. Regular, Accra City Campus, Distance, Fee-paying, etc)		15c. Hall of Residence	16b. WASSCE results (for level 100)								

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

18a. 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				

18b. Who paid for your University of Ghana education and upkeep at these levels?

Level	Name/s	Relationship	Address	Telephone/s
100				
200				
300				
400 1 st Sem				

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 2019-20 academic year.** (Estimate how much you will need to spend during the academic year from **August 2019 to May 2020.** 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 2019-20 academic year from August 2019 to May 2020.**

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	
Industrial Attachment	
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 2019-20 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.		

25. If you have been promised financial support for the 2019-20 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). a. b.	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¢ _____

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)?	29d. 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 dependants.

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 essays of not more than one typed page each telling us:

1. Why you feel you should be considered for this scholarship
2. What are some of your likes and challenges faced at University of Ghana and
3. What do you think about this initiative and what is it motivating you to do for/at University of Ghana during the next 7 years.

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

- Evidence of income of parent/guardian.
- Applicant’s most current payslip if applicable.
- Documents/evidence to establish the relationship with siblings and or dependants 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" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:70%;">Pension :</td> <td style="width:30%;">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)

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47. National Health Insurance Number

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

<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)

<input type="checkbox"/>	Own Vehicle
<input type="checkbox"/>	Car owner
<input type="checkbox"/>	Employee
Type	
Use	

49. Provide information on your dependants.

Surname	First Name(s)	Relationship	Age	Educational Level

50. 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 of school going age	Total Amount Paid per year (GH¢)
Kindergarten/Primary		
JSS		
SSS/Tech-Voc.		
Tertiary		
Other		
TOTAL		

51. How much are you prepared to pay towards the fees and upkeep of your ward for the **2019-20** 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)

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58. National Health Insurance Number

59. 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.

