

10. Address to which correspondence regarding this application should be sent:		
11. Academic Programme of Study (e.g. BA, BSC, etc) COURSE: (e.g. Agric, Sociology, Maths etc)	12. Level of Study for 2018/19 academic year (e.g. if you are in level 100 now then in 2018/19 you must be in 200)	14. CGPA ; if you are already enrolled in a public tertiary institution Or Aggregate if all you have is SSS/SHS results.
	13. Total Duration of your 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. Applicant's Schools attended with dates

	Full Name of School	Town/District/Region	Dates of Attendance (e.g. 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/Polytechnic.

MODE	Year of Examination	Candidate Index Number	*Total Aggregate Score/ CGPA
SSSCE/WASSCE			
A LEVEL			
Diploma			
Matured 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 2018-19 academic year.** (Estimate how much you will need to spend during the academic year from August 2018 to May 2019. These expenses should be relevant to your studies only.)

Academic Fees (<i>University Approved Fees and Charges</i>)	GH¢
Residential /Housing/ Hostel	GH¢
Feeding	GH¢
Books	GH¢
Transportation	GH¢
Other (<i>specify</i>)	GH¢
Other (<i>specify</i>)	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 the 2018-19 academic year.**

Personal	GH¢
Parents/ Guardian (<i>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</i>).	GH¢
Benefactor	GH¢
Part-time employment	GH¢
Students Loan Trust Fund (SLTF) student loan	GH¢
Scholarship (<i>specify: eg MPs Common Fund, District Assembly etc</i>)	GH¢
Other (<i>specify</i>)	GH¢
Other (<i>specify</i>)	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*).

(*The total of question 18 minus the total of question 19*) GH¢ _____

21. What type of Financial Support are you seeking? {Tick one only}

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 **2018-19** academic 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, SLTF, MTN)
a. Student Loan from the SLTF		
b.		
c.		

23. If you **have been promised** financial support for the **2018-19** 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 <u>continue</u> 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 **2018-19** academic year, which of the following options would you prefer?

a.	Financial support paid to the institution directly for your fees.	
b.	Financial support paid to you directly for your fees and/or upkeep.	

SECTION B 3 – FOR STUDENTS WITH DISABILITIES

28. Do you qualify to receive Government Bursary for disability?	29. What is the percentage of your disability? (<i>State type of disability</i>)
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 SHS 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 (in GH¢).
35. Will you be expected by your employer 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 support and how you intend it to contribute to improve the socio-economic prospects of the country (Ghana). (Submit this essay on a separate sheet)**

Please **submit** as many of the following that are applicable to you as possible **(do not send the originals of any of these 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.

40. 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

It is important that your eligibility for financial support 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 Support.

**SECTION C 1 - TO BE COMPLETED BY PARENT/LEGAL GUARDIAN –
(person so far responsible for financing the education of the applicant)**

41. Full Name Surname: _____ Other Name(s): _____		42. Address. Telephone # _____
43. District of residence: _____		Region of residence: _____
44. Occupation. 	45. Name and address of employer. Contact Person: _____	
46. Annual Total Gross Income (GH¢) <i>(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 TEST will not process the 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. :		

47. What is your relationship to the applicant? I am his/her:

<input type="checkbox"/>	Father
<input type="checkbox"/>	Mother
<input type="checkbox"/>	Uncle
<input type="checkbox"/>	Aunt
<input type="checkbox"/>	Brother
<input type="checkbox"/>	Sister
<input type="checkbox"/>	Other (<i>Specify</i>)

48. What is your highest level of Education?

<input type="checkbox"/>	Tertiary	<input type="checkbox"/>	JSS	<input type="checkbox"/>	Primary	<input type="checkbox"/>
<input type="checkbox"/>	Secondary	<input type="checkbox"/>	Middle School	<input type="checkbox"/>	No Formal Education	<input type="checkbox"/>

49. Are you:

<input type="checkbox"/>	Currently Employed	<input type="checkbox"/>	Retired	<input type="checkbox"/>
<input type="checkbox"/>	Self Employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>

50. SSNIT Number (if applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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51. National Health Insurance Number:

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

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

53. Provide information on your dependants.

Surname	Other Name(s)	Relationship	Age	Educational Level

64. What is your relationship to the applicant? I am his/her:

Father	
Mother	
Uncle	
Aunt	
Brother	
Sister	
Other (<i>specify</i>)	

SECTION D

DECLARATION TO BE SIGNED AND STAMPED BY BOTH PARENTS OR GUARDIANS

It is important that your dependant's eligibility for student financial support be based upon accurate information.

I/We 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/legal guardian** _____ 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.

TEST for Ghana 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 of 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.....with student ID
(Name of applicant)

of BSc/BA/BED/HND.....
has accepted the scholarship award of TEST for Ghana Scholarship for the 2018/19 academic year to pursue his/her education at.....University/Polytechnic.
Sealed this.....day of..... in the year of our Lord 2018.

Now the conditions of the bonds are such.

That the saidshall complete the course requirements of the said
(Name of applicant)

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, Director, Legal Practitioner, Medical Practitioner, Senior Public Officer/ Senior Civil Servant and Business Owner with identifiable address.