KNUST BURSARY APPLICATION FORM

PART 1. APPLICANT'S INFORMATION

1. a)Surname	b)F	irst Name	1	4	c)Other Nan	ne(s)
2. Date of Birth (dd/mm/yy)	3.Gender		4.Stude	nt ID #		5. Index Number
	Male: Fe	emale:				
6. a) Place of Birth/Region(e.g Ashanti Region):		b) Residential	w va	2		7.Nationality
8. Religion/Religious group's Christianity/ Pentecost Church		9. Hall of Affi	/?		Vodafone #	11. Other Mobile #
12. Programme of Study	F	Re	13	. Duration of	Programme	14. Current CWA
15. College	16. Facu	CA.		17. Depar	rtment	18. Year/Level
19. Indicate the mode by which you gained admission to the University. a) Less Endowed Student b) Parallel Student c) Fee-Paying Student d) Regular Student e) Other						
		Ru				
20. Residential Address when session.	school is in	21. Have you scholarship/bu YES				have benefited from any arship/bursary, please state
	H	If Yes state So Date:	2	nount:	Date:	1
23. Name of Schools Attender a) SHS/ TECHNICAL	ed	Programme o	f study	Period of A		Who paid for your education and upkeep at this level?
		Z W J	SANE	NO		
b) JHS		WJS	ANE	NO	5	

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PART 2. PARENTS' INFORMATION

FATHER	Check the box if Deceased	MOTHER Check	the box if Deceased	
1. Name		1. Name		
2. Marital Status a) Singl	e b) Married c) Separated/Divorced	2. Marital Status a) Single b) Married c) Separated/Divorced	
3. Residential Address	4. Mobile #	3. Residential Address	4. Mobile #	
	5. Number of Children		5. Number of Children	
6. Occupation	7.Unemployed	6. Occupation	7.Unemployed	
8. Name and Address of Employer		8. Name and Address of Employer		
		Drag te		

PART 3. GUARDIAN'S INFORMATION (If applicable)

GUARDIAN				
1.Surname	a) Middle Name	b) Other Name		
2. Marital Status	a) Single	b) Married	c) Separated/Divorced	
3. Residential Address	-	4. Number of Children	5. Mobile #	
6. Occupation	3	7.Unemployed	No. 1	
8. Name and Address of Employer				

PART 4. STUDENT'S DECLARATION

I hereby declare that the information given by me is True and Accurate.

Applicants' Name	Applicants' Signature	Date

PART 5. NAME AND ADDRESS OF REFEREE

Please provide details of one referee. He/she MUST be a Senior Member of the University.

REFEREE			
Name		Position	
Address		Date	

Signature & Stamp

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PART 6. For Official Use Only

COMMENT

NAME

SIGNATURE

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DATE