



17. Please provide the following information on **all** your siblings with the necessary 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 (e.g 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			
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 2022-2023 academic year.** (Estimate how much you will need to spend during the academic year from **August 2022 to May 2023.** These expenses should be relevant to your studies only.

Academic Fees (University Approved fees/charges) Use this year's amount.	GH¢
Residential /Housing/ Hostel (for 1 <sup>st</sup> and 2 <sup>nd</sup> semester)	GH¢
Feeding (for 1 <sup>st</sup> and 2 <sup>nd</sup> semester)	GH¢
Books	GH¢
Transportation	GH¢
Out of pocket (specify)	GH¢
Other (specify)	GH¢
<b>TOTAL</b>	GH¢

21. Indicate below the amount of money **that you expect will be available to you from each of the following sources for the 2022-2023 academic year from August 2022 to May 2023.**

Personal	GH¢
Parents/ Guardian (if you are not employed and do not expect any money from your parents/guardian, please attach an affidavit from them explaining why they cannot 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¢
<b>TOTAL</b>	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¢
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23. What type of Financial Support are you seeking? (Tick as many as are applicable)

<b>Full Scholarship</b>	<input type="checkbox"/>
<b>Partial Scholarship</b>	<input type="checkbox"/>
<b>Accommodation concession</b>	<input type="checkbox"/>
<b>Fees Payment Installment</b>	<input type="checkbox"/>
<b>Other (specify)</b>	<input type="checkbox"/>

## SECTION B 2 – INFORMATION ON SPONSORSHIP

24. If you **have applied or intend to apply** for other types of financial support for the period **2022-2023** year please state:

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

25. If you **have been promised** financial support for the **2022-2023** 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 continue to provide financial support for your education?

**Yes    No    Don't know**

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. 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 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 COMPLETED BY APPLICANTS WITH DEPENDENTS

35. Provide the following information on your dependents.

Surname	Other Name(s)	Age	Level of Education	Relationship

36. If married, provide the following information about your spouse.

<b>Full Name:</b> Surname: _____ Other Name(s): _____	
Level of Education	Occupation
Name and address of Employer (if known)	
Annual Total Gross Income (Salary and income from other sources, if known. Attach evidence)	

### SECTION B 6 - ADDITIONAL INFORMATION

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 – ESSAYS

Please attach **TWO** separate essays of **not more than one typed page each** telling us:

1. Why do you feel you should be considered for this Financial Support?
2. Fundraising ideas that (individual or group) can help SFSS raise funds while you are in school. Secondly, what do you think SFSS can do better?
3. What would be your contribution to improving the health sector after you graduate from the university?

Please **attach** photocopies of the following documents;

- Evidence of income of parent/guardian.
- Applicant's most current pay slip if applicable.
- Documents/evidence to establish the relationship with siblings and or dependents as the case may be.
- Any other supporting documents in support of your application.
- If your parents are unemployed, state it
- If your parents are employed but do not have pay slip, state it.

#### **Declaration**

**Your eligibility for Student Financial Support must be based upon accurate information.**

I do hereby declare that to the best of my knowledge all the information given in this application 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.

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

<p>38. Full Name Surname: _____ Other Name(s): _____</p>	<p>39. Address.  Telephone #</p>								
40. District of residence:	40b. Region of residence:								
41. Occupation.	41b. Name and address of the employer.								
<p>42. Annual Total Gross Income. (GH¢)</p> <p>(Salary and income from <b>other sources</b>. Please substantiate with a recent official salary slip, pension slip, or audited financial statement, if you are formally employed. <b>If not, state Informally Employed</b>). <i>Please note that this information is necessary for the support of your application.</i></p> <p><b><u>Other income that you receive from any of the under-listed sources:</u></b></p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Pension :</td> <td style="padding: 2px;">GH¢</td> </tr> <tr> <td style="padding: 2px;">Investment returns :</td> <td style="padding: 2px;">GH¢</td> </tr> <tr> <td style="padding: 2px;">Rental income:</td> <td style="padding: 2px;">GH¢</td> </tr> <tr> <td style="padding: 2px;">Contribution from others sources :</td> <td style="padding: 2px;">GH¢</td> </tr> </table> <p>(Earnings from a taxi/uber/Okada, Troto, bus, corn mill, farming activities, petty trading, remittances from family, etc).</p>		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 with the applicant? (Please, tick)

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

44. What is your highest level of Education? (Please, tick)

Tertiary		JSS		Primary	
Secondary		Middle School		No Formal Education	

45. Are you: (Please, tick

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

46. 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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47. National ID Number .....

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

<input type="checkbox"/>	Own House
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<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"/>	Private Vehicle
<input type="checkbox"/>	Commercial vehicle
<input type="checkbox"/>	Employer
<input type="checkbox"/>	Type/Use

49. Provide information on your dependents.

Surname	First Name(s)	Relationship	Age	Educational Level



50. Indicate the total amount paid in fees and other related expenses per year for dependents at each level of education and provide proof of current attendance (Attach school bills and receipts):

Level of Education	Number of dependents 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 **2022-2023** academic year?

GH¢
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**SECTION C 2 - TO BE COMPLETED BY YOUR SECOND PARENT**

52. Full Name  Surname:                      Other names (s)		53. Address.  Telephone #	
54. District of Residence.		Region of Residence.	
55. Occupation.	Name and address of the employer.	If self-employed, please indicate the type of work (e.g. Egg seller)	
56. Annual Total Gross Income (Salary and income from other sources) (GH¢).			

57. SSNIT Number (if applicable)

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58. National ID Number .....

59. What is your relationship with the applicant (Please tick)

	Father
	Mother
	Guardian

**DECLARATION TO BE SIGNED BY BOTH PARENTS OR GUARDIAN**  
**Your dependent's eligibility for Student Financial Support must be based upon accurate information.**

I do hereby declare that all the information given above is the truth.

Signature or thumbprint of **parent/guardian** \_\_\_\_\_ Date \_\_\_\_\_

Signature or thumbprint of **second parent** \_\_\_\_\_ Date \_\_\_\_\_

(Where parents 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 SFSS/University reserves the right to cancel the applicant's application if false or incorrect information is supplied.

**Thank you for your completing this Application Form.**

**FOR OFFICE USE ONLY**

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