TERTIARY EDUCATION SCHOLARSHIP TRUST

AFFIX ONE ENDORSED PASSPORT SIZE PHOTOGRAPH WITH YOUR FULL NAME BEHIND IT.

(TEST) FOR GHANA

APPLICATION FOR SCHOLARSHIP

(2020/2021 Academic Year)

**THIS APPLICATION FORM IS FREE AND NO APPLICATION FEES APPLY**

**NOTE: DEADLINES FOR SUBMISSION OF APPLICATION FORMS ARE:  
1. CONTINUING STUDENTS (THOSE APPLYING TO TEST FOR GHANA FOR THE FIRST TIME )   
IS TEUSDAY 30TH JUNE 2020   
2. FRESH STUDENTS (FIRST YEAR STUDENTS) IS MONDAY 31ST AUGUST 2020.**

**NO APPLICATIONS WILL BE ACCEPTED FROM STUDENTS AFTER THESE DATES.**

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

**SECTION A – APPLICANT’S BACKGROUND INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 #   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  | | | |
| 5. Place of Birth: Village/Town/ City District Region Country | | | | | | 6. Nationality |
| 7. Home Town (*This is where you hail/come from*): 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 but a full address).  District………………………… Region: …………………………...  How long have you lived at this address? ………………………… | | | |
| Institution’ Telephone #:  ………………………………………………………………………  Institutional Email Address:  ………………………………………………………………………  ………………………………………………………………………  ……………………………………………………………………… | | | Personal Email Address (*if applicable*):  ………………………………………………………………………...... Telephone #: …………………………………………………………  Personal Mobile #: ……………………………………………………  WhatsApp #. (if applicable): ………………………………………… | | | |
| 10. Address to which correspondence **regarding this application** should be sent: (The postal address on which you can be reached)  ……………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………… | | | | | | | | |
| 11. Academic Programme of Study (*e.g. BA, BSC, etc*)  ……………………………………………………………………..  **COURSE**: (*e.g. Agric, Sociology, Maths etc*)  …………………………………………………………………….. | | | 12. Level of Study for **2020/21 academic year** (*e.g. if you are in level 100 currently, then your level of Study in 2020/21 you would be in level 200*) …………………… | | | 14. **CGPA**; *if you are already enrolled in a tertiary institution* Or **Aggregate** if all you have is SSS/SHS result.  …………………………………… | | |
| 13. Total Duration of your Study (1, 2, 3, 4,……7) years: ………………… | | |

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 2020-21academic year.** (Estimate how much you will need to spend during the academic year from August 2020 to May 2021. 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 the 2020-21academic 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 money towards your educational expenses*). | **GH¢** |
| Benefactor | **GH¢** |
| Part-time employment | **GH¢** |
| Students Loan Trust Fund (*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** (*question18*) 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

1. 22. If you **have applied or intend to apply** for other types of financial support for the **2020-21** 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***)** | **Are you already on the support of your stated scholarship?**  **YES / NO** |
| a. | Student Loan from the SLTF |  |  |  |
| b. |  |  |  |  |
| c. |  |  |  |  |

23. If you **have been promised** financial support for the **2020-21** 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 **2020-21** academic year, which of the following options would you prefer? (**Tick ONE only; its either ‘a’ or ‘b’ below**)

|  |  |  |
| --- | --- | --- |
| **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? (YES / NO) | 29. a. What is the percentage of your disability?    b. *State type 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 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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. 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):  (GH¢…………………………………………………………………………) | |

**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** every one of the following that are applicable to you (***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 # |
| 1. District of residence: Region of residence: | | |
| 1. Occupation. | 45. Name and address of employer.  Contact Person: | |
| 1. 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*). ***Please note that this information is necessary and if not provided TEST will not process the application.***  **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. : | | |

The applicant ……………………………………………………………………………………is my   
 (*name of applicant*)

|  |  |  |
| --- | --- | --- |
|  | Son |  |
|  | Daughter |  |
|  | Niece |  |
|  | Nephew |  |
|  | Brother |  |
|  | Sister |  |
|  | Other (*Specify*) | | |

1. What is your highest level of Education?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tertiary |  | JSS |  | Primary |  |
| Secondary |  | Middle School |  | No Formal Education |  |

1. Are you:

|  |  |  |  |
| --- | --- | --- | --- |
| Currently Employed |  | Retired |  |
| Self Employed |  | Unemployed |  |

1. SSNIT Number (if applicable)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. National Health Insurance Number: ………………………………………………………...
2. Please tick the type of accommodation that you and your family occupy.

|  |  |
| --- | --- |
| Own House |  |
| Family House |  |
| Rented Premises paid for by my employer |  |
| Rented premises paid for by self |  |
| Other (*specify*) |  |

1. Provide information on your dependants.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname** | **Other Name(s)** | **Relationship** | **Age** | **Educational Level** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. 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** |  |  |

1. How much are you prepared to pay towards the fees and upkeep of your ward for the 2020/21academic year?

**GH¢**

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

|  |  |
| --- | --- |
| 1. Full Name   Surname: Other Name(s) | 1. Address.   Telephone # |
| 1. District of residence. Region of residence. | |
| 1. Occupation. | 60. Name and address of employer. |
| 61. Annual Total Gross Income (*Salary and income from other sources*)  **(GH¢…………………………………………)** | |

1. SSNIT Number (*if applicable*)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

1. National Health Insurance Number:……………………………………………………………….……
2. The applicant ………………………………………………………………………………is my   
    (*name of applicant*)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Son |  |  |
|  | Daughter |  |  |
|  | Niece |  |  |
|  | Nephew |  |  |
|  | Brother |  |  |
|  | Sister |  |  |
|  | Other (*Specify*) |  | |

**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**

**…………………………………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………………**

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

**(THIS PAGE [11] MUST NOT BE LEFT OUT OF THE APPLICATION)**

**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 2020/21 academic year to pursue his/her education at………………………………...………University/Polytechnic.

Sealed this………………day of……………………………….….... in the year of our Lord 2020.

Now the conditions of the bonds are such.

S

That the said …………………………………………………shall 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.*