**C. K. TEDAM UNIVERSITY OF TECHNOLOGY AND APPLIED SCIENCES (CKT-UTAS), NAVRONGO**

**APPLICATION FOR FINANCIAL SUPPORT 2023/2024 ACADEMIC YEAR, STUDENTS FINANCIAL SERVICES, CKT-UTAS**

**MR EAZI STUDENT’S FUND**

**This form must be fully completed and submitted through the Head of Department, Dean of school and the Dean of Students Office**

{Inaccurate information or fraudulent misrepresentation on the part of any applicant and any attempt to influence the process will lead to disqualification and a recommendation for dismissal}

1. Provide three (3) reference letters signed and sealed independently by 3 persons of high repute who can speak about you in the following categories of affiliations;

a. Academic (such as Head or Assistant Head of your high school),

b. Religious (certified Christian Minister or Imam) and

c. Community (Chief or Community Leader).

d. Any other relevant classification

2. Provide evidence of the estimated income of parents/guardians. E.g., Copies of the payslips of your parents/guardian. (If applicable) or estimated monthly income from the job they do.

3. Attach a copy of your birth certificate/Ghana Card.

4. Attach any other relevant documents that you believe will support your application.

5. Complete all sections that may apply to you.

6. Completed application form should be sent through the applicant’s HoD, Dean of Students to the following address:

**Office of the Registrar**

**CKT-UTAS**

**Navrongo**

**Please Note:**

If you are found to have provided any false information, you would be dismissed from the Programme.

The Secretariat would inform and contact applicants as and when necessary.

INTERMEDIARIES. Applicants who make payments to individuals and organizations in relation to this application process do so at their own risk.

Affix 1

Endorsed

Passport size

Photograph here

**MR EAZI STUDENTS FUND APPLICATION FORM**

**SECTION A**

Student Information

Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FirstName\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle/Othernames\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: M F Date of Birth (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_

Nationality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Native Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: Single, Married, Separated, Divorced

Do you have children Yes, No. If yes, how many children do you have? \_\_\_\_\_\_\_

Telephone number: 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency number\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please provide a contact number that can easily be reached at all times)

Postal Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Region\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Residence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hometown:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Persons with Disability

NB: This information will NOT be used against you in the selection process; It is to assist the Fund provide the necessary assistance you would need once your application is successful

Do you have any form of disability (e.g. Hearing, mobility, vision, speech, etc.)? Yes, No

If yes, briefly describe the form of disability:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been living with this disability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(It may be helpful to attach evidence of your disability e.g., Medical records, photographs)

For Displaced Persons (Certified Refugees, Internally Displaced Persons (IDP’s), etc

Are you a displaced person (Certified Refugee, Internally Displaced person (IDP), etc.)? Yes, No

(Please attach evidence of your status as a refugee or IDP e.g. ID card or letter from a recognized body in charge of displaced people)

If yes, how long have you been living as a displaced person?

(Please attach the necessary supporting documents)

**SECTION B**

Educational Background

Please write the names of the institutions you have attended in the following order (or the equivalence of the level as indicated below);

NO. INSTITUTION/SCHOOLS ATTENDED

DATE COMMENCED…………………………………………………………………………….

DATE COMPLETED……………………………………………………………………………...

CERTIFICATE OBTAINED………………………………………………………………………

1. Name of Primary School(s):

Public or Private……………………………………………………………………………………

2. Name of Junior High School(s):

Public or Private……………………………………………………………………………………

3. Name of Senior High School(s):

Public or Private……………………………………………………………………………………

**SECTION C**

Parent Information

Please provide the following information on your parents.

Number of siblings (NB: this refers to the children of either your mother or father or both): \_\_\_\_\_\_

Mother and father are Living together (please tick)

Separated………………………………………………………….

Divorced……………………………………………………………

Remarried…………………………………………………………

Mother Father

Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Residence\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_ Country of Residence\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_

Employer’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest level of Education\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Highest level of Education\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION D**

Family Information

NB: “Family” under this section refers to ‘a group of two or more people (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people are considered as members of one family’.

“Householder” refers to the head of the household.

1. How many people, including yourself, depend on the income of your parents/householder for daily living? \_\_\_\_\_\_

(Is the head of your household your biological parent? Yes No

2. How many people including yourself, depend on the income of your parents/householder for their educational cost? \_\_\_\_\_\_

3. Have you or any of your siblings ever missed a significant part of a school term due to lack of finances?

Yes, No. If yes, please explain and attach evidence (if any):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Family/Householder’s Financial Details:

a. Please provide details for your family’s monthly income from all sources:

NB: (For international applicants, please provide the amounts in the US dollar equivalent of your local currency):

GH₵\_\_\_\_\_\_\_\_\_\_\_ from mother GH₵\_\_\_\_\_\_\_\_\_\_\_\_ from father

GH₵\_\_\_\_\_\_\_\_\_\_\_ from other relative GH₵\_\_\_\_\_\_\_\_\_\_\_\_ from other sources

TOTAL MONTHLY INCOME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. List other sources of your family’s income coming from other relatives:

No. Name Relation to you Amount Frequency (How often)

1

2

3

4

6. Do you expect any significant change in your family or household income in the coming year? If yes, please explain why:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Tell us to the best of your ability, how much your family/household spends per month to meet its living expenses.

Specific categories are provided below.

GH₵\_\_\_\_\_\_\_\_\_\_\_ for rent or mortgage GH₵\_\_\_\_\_\_\_\_\_\_\_ for food

GH₵\_\_\_\_\_\_\_\_\_\_\_ phone bills (Call cards & Data) GH₵\_\_\_\_\_\_\_\_\_\_\_ for public transportation

GH₵\_\_\_\_\_\_\_\_\_\_\_ for medical bills GH₵\_\_\_\_\_\_\_\_\_\_\_ for electricity bills

GH₵\_\_\_\_\_\_\_\_\_\_\_ other expenses (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL MONTHLY EXPENSE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION E**

Educational Expenses

1. How much does your family spend on the education of the members of your family/household per year?

2. Are your fees paid by a relative other than your householder? Yes, No

What is the relationship between you and this person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many other children’s fees are paid for by this same person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION F**

Sponsor Information

(NB: for applicants whose education is/was sponsored by others other than parents/householder)

1. Please provide the following information on each sponsor of your education (other than your parents). This may include institutions or organizations that have sponsored your education.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to the applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Residence\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_ Country of Residence\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_

Employer’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How regular was this sponsorship?

Monthly

Termly

Annually

How regular was this sponsorship?

Monthly

Termly

Annually

2. Are you on any bursary/scholarship? Yes No

Bursary/Scholarship was provided by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, how much did the bursary/scholarship cover? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Have you applied for any form of financial sponsorship for your tertiary education?

Yes. No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please list the sponsorship/s you have applied for:

3.1

3.2

3.3

**SECTION G**

House Information

1. a. Please tick the type of accommodation that you and your family occupy;

Number of bedrooms in your dwelling place; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of rooms you occupy with your family; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the dwelling in which you live including the location (where in the city, in rural village, etc.)

and types of appliances and amenities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Type of Construction Material: Mud

Brick

Cement

Wood

Other (Please specify)

Roofing material of dwelling: Metal

Thatch

Other (Please specify)

Type of toilet facility: Flush or pour flush toilet

VIP latrine

Uncovered pit latrine

Composite toilet

No facility/bush/field

Ecosan

Other (Please specify)

Do you share the toilet facility with other households? Yes No

What type of flooring material do you have in your house: Mud

Wood

Tile

Cement

Do you have running water in your house? Yes No

2. Do you know how to use/operate the following? Tick all that may apply.

a. Mobile Phone Yes No b. Computer Yes No

c. Internet Yes No d. A Car Yes No

3. Does your family have the following at your residence?

a) Refrigerator: Yes No

b) Television: Yes No

c) Satellite Dish: Yes No

d) Electric Iron: Yes No

e) Desktop Computer: Yes No

f) Laptop Computer: Yes No

g) Internet Access: Yes No

h) Electricity Access: Yes No

i) Phone Yes No

j) Motorcycle Yes No

k) Bicycle Yes No

4. Does your family own a motor vehicle? Yes No

If yes, list the year, make (e.g., Honda, Toyota) and model (e.g., Civic, Prado, Corolla) of each vehicle.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is it a private vehicle or Commercial Vehicle?

Declaration

I hereby declare that the information herein given is a true and accurate account of my status. The Foundation

reserves the right to revoke my status as a Scholar of the Program at any time and take the necessary legal

action and sanctions against me if the information given is found to be inaccurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant and Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Below should be endorsed by: (your Pastor/Imam/Headmaster/Headmistress/Chief/a Leader in your

community).

I know the applicant for (how long?) \_\_\_\_\_\_\_\_\_\_\_ and can vouch that all the information given by him/her is

credible.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature…………………………….. Date………………………….**

**Recommendation by Head of Department**

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

**……………………………………………………………………………………………………….**

Name, Signature and Date…………………………………………………………………………

**Recommendation by Dean**

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Name, Signature and Date………………………………………………………………………

**Recommendation by Scholarships Committee/Representative**

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Name, Signature and Date………………………………………………………………………

**RECOMMENDATION BY SELECTION COMMITTEE**

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Signature of Registrar………………………………………………………………………………..

Date………………………………………………………………………………………………..