

**APPLICATION TO THE REGISTRAR OF SCHOLARSHIPS FOR A GHANA GOVERNMENT SCHOLASHIP/
BURSARY**

This form should be completed in triplicated and returned to the Registrar of Scholarships through the principal\Registrar of applicant's Institution\University together with the under-mentioned documents; -

- (i) Three recent Passport-size photographs bearing the name of applicant on the reverse side;
- (ii) A Medical Certificate of fitness issued by a Government Medical Officer of Health; and
- (iii) A certified copy of applicants' admission letter.
- (iv) Summary of Research Topic indicating subject area.

PART 'A' TO BE COMPLETED BY APPLICANT

1. Surname:
2. First or Christian Name(s)
3. a. Date and Place of Birth
- b. Nationality c. Sex: **M / F**
- d. Permanent address
.....
- e. District of Origin
4. a. Name of Institution\University
- b. Date of Entry
- c. Course
- d. Level (i.e. BSc/Ph.D.)
- e. Stage Reached: f. Period Remaining.....
5. Are you under any Bond? **YES NO**
6. Are you on study-leave with pay? **YES NO**
7. If yes, indicate sponsoring Organisation /Department:
.....
8. Type of award applied for (Scholarship or Bursary):
.....
9. Specific subject being studied:
10. a. Have you held a scholarship before? **YES NO**

b. If yes, indicate:

i. Type of Scholarship:

ii. Duration:

iii. Course for which Scholarship was awarded:

11. a. Name of your Bankers on campus:

b. Address:

12 a. Name of Present Employer (if applicable):

b. Address:

Signature: Tel:

No.

13 Names, Occupation, Telephone No. and Address of two guarantors

i.	ii.
.....
.....
.....

14. Guarantee of persons bearing financial responsibility in case of default:

We, the undersigned accepted to re-pay the total amount spent by Government of Ghana on the applicant plus 30% percent interest or the going commercial rate whichever is higher if applicant through misconduct, omission or commission, is not able to successfully complete the course which he/she has been granted a Scholarship/bursary.

Left thumbprint

Right thumbprint



(1) Signature	(2)
Address
Tel. No.

15. Name of Witness:

Address:

.....

Signature:

16. Declaration by Applicant

I.....

Certify that the information given by me in this application is to the best of knowledge, Accurate and that in accepting this award, I undertake to abide by the terms and conditions.

Date Signature:

PART 'B' TO BE COMPLETED BY PRINCIPAL/REGISTRAR OF APPLICANT'S

INSTITUTION/UNIVERSITY

PART 'B'

- 1. Name of Principal/Registrar:
- 2. Is applicant duly registered in your institution/University? **YES / NO**
- 3. Is information provided by student in paragraph 1-8 of Part 'A' correct **YES / NO**
- 4. Is applicant recommended for Scholarship/Bursary **YES/ NO**

b. If the student qualifies for a scholarship please indicate position in class and total number in class.....

c. Please confirm subjects which enable him/her to qualify for bursary
.....

- 5. If yes, what type of award is recommended? **SCHOLARSHIP BURSARY**
- 6. Is the student's course deemed to be critical to the national manpower needs and therefore Recommended for Government support? **YES NO**

Date: Signature (Principal/Registrar)

PART 'C'

TO BE COMPLETED BY OFFICIALS OF THE SCHOLARSHIPS SECRETARIAT

- 1. Name of Official vetting application:
- 2. Is recommendation made by Institution/University in order? **YES NO**
- 3. Recommended of Schedule Officer:
 - a. Recommended for award of full Scholarship
 - b. Recommended for award of Bursary
 - c. Recommended for award of Partial Bursary
 - d. Not Recommended

4. Reasons for recommended

Date:

Signature:

(TITLE)

PART 'D'

APPROVED BY REGISTRAR OF SCHOLARSHIPS

Based on the recommendation above, I authorized the award

Of a scholarship

/Bursary

to applicant

Date

.....

(REGISTRAR OF SCHOLARSHIPS)