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MASTERCARD FOUNDATION SCHOLARS PROGRAM AT KNUST

SCHOLARSHIP APPLICATION FORM (2020/2021 ACADEMIC YEAR)

Instructions:

1. Attach a copy of your **WASSCE/Senior High School Certificate** to this application form. (You would be required to present the original copy of your certificate in person if you are shortlisted for an interview). Please note that you must have your High School Certificate as at the time of making this application.
2. Provide a minimum of **three (3)** reference letters signed and sealed independently by a person of higher reputation.
3. Provide evidence of the income of parents/guardian. E.g. Copies of the payslips of your parents/guardian. (if applicable)
4. Attach high school transcripts/terminal reports covering last three (3) years.
5. Attach a copy of your birth certificate.
6. Attach any other relevant documents that you believe will support your application.
7. International applicants are expected to have passports ready for onward travel to Ghana should their application be successful. (*Attach a copy of the bio data page of your valid passport if you already have one*)
8. Completed application forms should be sent via courier (EMS/DHL/Fedex) to the following address:

The Program Manager

Mastercard Foundation Scholars Program at KNUST

% Office of the Dean of Students

PMB

KNUST, Kumasi

Ghana

PLEASE NOTE:

Applicants are advised to **DESIST** from calling the MCF Scholars Program Secretariat to inquire of the status of their application. The secretariat would inform and contact applicants when necessary.

SECTION A

Student Information

Surname _____

First Name _____ Middle/Other names _____

Gender: M F Date of Birth (DD/MM/YYYY): ____ / ____ / ____ Age: _____

Nationality _____ Country of birth _____

Native Language _____

Marital Status: Single Married Separated 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 _____ E-mail Address _____

Permanent Residence _____

Skype ID _____ Do you have a passport? Yes No

Displaced Persons/Persons with Disability NB: This information will not be used against you in the selection process; It is to assist the Program provide the necessary assistance you would need once your application is successful)

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

If yes, briefly describe the form of disability:

How long have you been living with this disability? _____

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

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

Information on Your Undergraduate Admission at KNUST

Have you applied to KNUST? Yes No

If yes, please list the order of choices of program

1st choice: _____2nd choice: _____3rd choice: _____4th choice: _____

Application ID/Number: _____

SECTION B**Educational Background**

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

NO.	NAME OF INSTITUTION/SCHOOLS ATTENDED	DATE COMMENCED	DATE COMPLETED	CERTIFICATE OBTAINED
1	Primary: Public <input type="checkbox"/> Private <input type="checkbox"/>			
2	Junior High: Public <input type="checkbox"/> Private <input type="checkbox"/>			
3	Senior High: Public <input type="checkbox"/> Private <input type="checkbox"/>			
4	Tertiary: Public <input type="checkbox"/> Private <input type="checkbox"/>			

SECTION C**Parent Information**

Please provide the following information on your parents.

Mother

Full Name _____

Country of Residence _____ Age _____

Nationality _____

Employer's Name _____

Job Title _____

Highest level of Education _____

Check the box if deceased **Father**

Full Name _____

Country of Residence _____ Age _____

Nationality _____

Employer's Name _____

Job Title _____

Highest level of Education _____

Check the box if deceased

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

Mother and father are living together
 Separated
 Divorced

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? _____ **(Please put your answer in brackets if the head of your household is not your biological parent)**

2. How many people including yourself, depend on the income of your parents/householder for their educational cost? _____ **(Please put your answer in brackets if the head of your household is not your biological parent)**

3. **a.** Complete the table below for all members of your family/household living in your householder’s home (including yourself) and indicate their status:

No.	Full Name	Age	Relation to you	Status (Student / Working / Unemployed)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

b. Complete the table below for other members of your family/household living in your householder’s home: **(If member is employed give details as to the nature of employment)**

No.	Full Name	Employment Details	Highest Level of Education
1			
2			
3			
4			
5			
6			
7			
8			

4. 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:

5. Family/Householder's Financial Details:

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

GHC _____ from mother

GHC _____ from father

GHC _____ from other relative

GHC _____ 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 parent's income in the coming year? If yes, please explain why:

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.

GHC _____	for rent or mortgage	GHC _____	for food
GHC _____	phone bills (Call cards & Data)	GHC _____	for public transportation
GHC _____	for medical bills	GHC _____	for electricity bills
GHC _____	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 per year?

No.	Full Name	Name of School	Level/Stage	School Fees	Other Cost
1					
2					
3					
4					
5					
6					
7					

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

What is the relation between you and this person? _____

How many other children's fees are paid for by this same person: _____

SECTION F

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

Sponsor Information

1. Please provide the following information on each sponsor of your education (other than your parents).

Full Name _____ Full Name _____

Relationship to the applicant _____ Relationship to the applicant _____

Country of Residence _____ Age _____ Country of Residence _____ Age _____

Employer's Name _____ Employer's Name _____

Job Title _____ Job Title _____

How regular was this sponsorship?

Monthly

Termly

Annually

How regular was this sponsorship?

Monthly

Termly

Annually

2. Were 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

1		4	
2		5	
3		6	

SECTION G

House Information

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

<input type="checkbox"/>	Parent's House
<input type="checkbox"/>	Family House
<input type="checkbox"/>	Rented premises paid for by my parent's employer
<input type="checkbox"/>	Rented premises paid for by parent
<input type="checkbox"/>	Other (Specify)

Number of bedrooms in your dwelling place; _____

b. Describe the dwelling in which you live including the location (where in the city, in rural village, etc.) and types of appliances and amenities.

Type of Construction Material: Mud/Wattle
 Mud/Brick
 Cinderblock/Fired brick
 Wood
 Other (Please specify)

Roofing material of dwelling: Metal
 Cement
 Thatch

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.

Is it a private vehicle or Commercial Vehicle?

SECTION H

Leadership, Community Engagement and Vision

a) Write a brief statement outlining your personal and academic goals. (100-word maximum)

b) What is your understanding of community; briefly explain.

c) Describe your involvement and the outcome of one significant community leadership initiative in which you played a role (to be validated by one of the persons providing your recommendation letters). (100-word maximum)



d) Provide a list of current and past leadership positions, extra-curricular activities or experiences:

Title/Activity/Experience	Dates	Primary Responsibilities

e) Describe a time when you identified a need in your community (such as your family, school, village, or town) and took action.

i. What need did you identify?

ii. How did you address this need?

iii. What difficulties did you encounter?

iv. What was the outcome?

f) Do you see any challenge(s) in your community? Yes No

If YES, please list some of them as noticed by you:

1. _____
2. _____
3. _____
4. _____
5. _____

f) What is your vision for your community in the area of;

PHYSICAL DEVELOPMENT ISSUES:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

SOCIO-ECONOMIC DEVELOPMENT:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

CULTURAL DEVELOPMENT

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

g) How will achieving a Bachelor's degree education at KNUST and participation in the Mastercard Foundation Scholars Program empower you to address challenges in your community? (100-word maximum)

h) In a few words, describe your strengths, gifts and areas you consider there is the need for growth.

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

.....
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

Give a vivid description of the directions to your place of residence (WHERE YOU LIVE WITH YOUR HOUSEHOLD) beginning from the DISTRICT CAPITAL; include a diagram with some landmarks giving directions to your place of residence.

2020

2020

2020

Please indicate your Ghana Post GPS (E.g. AK-315-0149)

SECTION I

I (TO BE COMPLETED BY PARENT/LEGAL GUARDIAN – person so far responsible for financing the education of the applicant)

1. Please provide the following information;

Surname _____

First Name _____ Other names _____

Marital Status: Single Married Separated

Telephone number _____ Email address: _____

Postal Address _____

Residential Address _____

Employment status: Employed Self Employed Retired Unemployed

Occupation	Name and address of employer:

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 Mastercard Foundation Scholar Program at KNUST 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.:

2. What is your relationship to the applicant?

Father Mother Uncle Aunt Brother Sister

Other (Specify): _____

3. What is your highest level of Education? (Indicate by ticking)

<input type="checkbox"/>	Tertiary	<input type="checkbox"/>	Primary
<input type="checkbox"/>	Senior High School (Secondary)	<input type="checkbox"/>	Middle School
<input type="checkbox"/>	Junior High School (JSS)	<input type="checkbox"/>	No Formal Education

4. Please tick the type of accommodation that you and your family occupy.

<input type="checkbox"/>	Own House
<input type="checkbox"/>	Family House
<input type="checkbox"/>	Rented premises paid for by the employer
<input type="checkbox"/>	Rented premises paid for by self
<input type="checkbox"/>	Other (Specify)

5. Provide information on your dependants.

Name	Relationship	Age	Educational level

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¢)

II (TO BE COMPLETED BY SECOND PARENT/LEGAL GUARDIAN)

Surname _____

First Name _____ Other names _____

Marital Status: Single Married Separated

Telephone number _____

Postal Address _____

Residential Address _____

Employment status: Employed Self Employed Retired Unemployed

DECLARATION TO BE SIGNED BY BOTH PARENTS OR GUARDIANS

It is important that your dependant's eligibility for the scholarship be based upon accurate information.

I 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: _____

FOR OFFICIAL USE

Receipt of Application

Name of Officer _____

Signature, Official Receipt stamp with date (_____)