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## MASTERCARD FOUNDATION SCHOLARS PROGRAM AT KNUST

### SCHOLARSHIP APPLICATION FORM (2021/2022 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. **WASSCE/SSSCE** Applicants must have **credits (A1-C6/A-D Respectively)** in the following **Three (3) Core Subjects: English Language, Mathematics and Integrated Science** plus **credits (A1-C6/ A-D) in Three Elective Subjects** with an **Aggregate Score of 24 or better** in the relevant Area of Study.
3. Provide **three (3)** reference letters signed and sealed independently by 3 persons of higher reputation from your school, religious groups and community. Reference letters can also be obtained from other individuals with higher repute outside the above-stated groups.
4. Provide evidence of the income of parents/guardian. E.g. Copies of the payslips of your parents/guardian. (if applicable)
5. Attach high school transcripts/terminal reports covering last three (3) years.
6. Attach a copy of your birth certificate.
7. Attach any other relevant documents that you believe will support your application.
8. Students awaiting results are not eligible to apply.
9. 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)**
10. Applicants **must apply** to KNUST separately. Applicants are to note that the completion of this application form does not constitute an application to KNUST for admission.
11. Completed application form 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:

*You do not qualify to apply if you are either presently enrolled in any tertiary institution or have completed one. If you are found to have provided any false information, you would be dismissed from the Program.*

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

*Applicants are also to note that the entire application process is free. Applicants who make payments to individuals and organizations in relation to this application process do so at their own risk.*

## 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  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: \_\_\_\_\_

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? \_\_\_\_\_

(Please attach evidence of your disability eg. Medical records, photograph where applicable)

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 eg. 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

#### Information on Your Undergraduate Admission at KNUST

Please list the order of your choice of programs if you have already applied to KNUST;

1<sup>st</sup> choice: \_\_\_\_\_2<sup>nd</sup> choice: \_\_\_\_\_3<sup>rd</sup> choice: \_\_\_\_\_4<sup>th</sup> choice: \_\_\_\_\_

Application ID/Number: \_\_\_\_\_

**NB: Note that KNUST admission processes is separate from this form. Applicants are therefore required to submit an application to KNUST before they can be considered for this scholarship.**

## 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 <input type="checkbox"/> Private <input type="checkbox"/>			
2	Name of Junior High School(s):  Public <input type="checkbox"/> Private <input type="checkbox"/>			
3	Name of Senior High School(s):  Public <input type="checkbox"/> Private <input type="checkbox"/>			
4	Name of Tertiary Institution(s):  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 not alive

#### **Father**

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

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

Nationality \_\_\_\_\_

Employer's Name \_\_\_\_\_

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

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

Check the box if not alive

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  
 Remarried

## 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.

- 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
- How many people including yourself, depend on the income of your parents/householder for their educational cost? \_\_\_\_\_.
- 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. Employment type may include Farmer, Teacher, Trader, Nurse etc.*

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 (if any):

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## 5. Family/Householder's Financial Details:

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

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?

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). 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 _____	Employer's Name _____
Job Title _____	Job Title _____
How regular was this sponsorship? Monthly <input type="checkbox"/>	How regular was this sponsorship? Monthly <input type="checkbox"/>
Termly <input type="checkbox"/>	Termly <input type="checkbox"/>
Annually <input type="checkbox"/>	Annually <input type="checkbox"/>

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/Householder's 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; \_\_\_\_\_

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

- 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.

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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?

## SECTION H

### Leadership, Community Engagement and Vision

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

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b) In your own words, what is your understanding of community; briefly explain.

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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)

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d) Provide a list of current and past leadership positions, extra-curricular activities or experiences. Kindly attach relevant certificates or documents.

Title/Activity/Experience	Dates	Primary Responsibilities

e) Describe a time when you identified a need in your community and took action.

i. What need did you identify?

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ii. How did you address this need?

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iii. What difficulties did you encounter?

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iv. What was the outcome?

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

If YES, please list some of them:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



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.

2021

2021

2021

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  Divorced

Telephone number \_\_\_\_\_ Email address: \_\_\_\_\_

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

Residential Address \_\_\_\_\_

Employment status: Employed  Self Employed  Retired  Unemployed

Occupation	Name and address of employer:

Annual Total Income (GHC): \_\_\_\_\_

(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"/>	Middle School
<input type="checkbox"/>	Senior High School (Secondary)	<input type="checkbox"/>	Primary 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/Householder's 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 (GHC)

## 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 \_\_\_\_\_

Level of education \_\_\_\_\_

Employment status: Employed  Self Employed  Retired  Unemployed

Occupation: \_\_\_\_\_

**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 \_\_\_\_\_

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**FOR OFFICIAL USE****Receipt of Application**

Name of Officer \_\_\_\_\_

Signature, Official Receipt stamp with date ( \_\_\_\_\_ )

