

Scholars Program

MASTERCARD FOUNDATION SCHOLARS PROGRAM AT KNUST

SCHOLARSHIP APPLICATION FORM (2023/2024 ACADEMIC YEAR)

N.B.: CAREFULLY READ THE INSTRUCTIONS BELOW BEFORE COMPLETING THIS FORM

Affix 1 Endorsed
Passport size
Photograph here

INSTRUCTIONS:

1. Students with **NO RESULTS** in hand but are **AWAITING RESULTS** are **NOT** eligible to apply.
2. Attach a copy of your **WASSCE/Senior High School Certificate/result slip** to this application form. (You would be required to present the original copy of your certificate in person if you are finally selected). Your results must not be more than five years old at the time of application (*meaning for this application cycle your results must not be earlier than 2018*).
3. 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. **A level applicants must show copies of both O and A level results. There must be 6 credit passes at the O level and 3 A level passes in the relevant subjects.**
4. 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**
5. 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 or statements of mobile money transactions.
6. Attach high school transcripts/terminal reports covering the last 3 years in school.
7. Attach a copy of your birth certificate.
8. Attach any other relevant documents that you believe will support your application.
9. Complete all sections that may apply to you.
10. 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**).
11. Applicants **must apply** to KNUST separately for admission. **Applicants are to note that the completion of this application form does not constitute an application to KNUST for admission.**
12. Completed application form should be sent via courier **ONLY (EMS/DHL/FedEx)** to the following address:

**The Program Manager,
Mastercard Foundation Scholars Program at KNUST,
NO. 1 Africa Link, Impact Building
PMB, KNUST, Kumasi, AK 315 4897 - Ghana.**

For international applicants, kindly scan the completed application form as well as all attachments into a pdf document. Send the pdf document via email to recruitment.mcf@knust.edu.gh

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 as and when necessary.

Applicants are also to note that the ENTIRE APPLICATION PROCESS IS FREE AND MCFSP KNUST HAS NO INTERMEDIARIES. Applicants who make payments to individuals and organizations in relation to this application process do so at their own risk.

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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 always be reached easily)
Postal Address _____
Current Residence _____ Region _____
(Where you have lived for at least the past 6 months)
Permanent Residence _____ Hometown: _____
E-mail Address: _____ (please make sure this address is valid and accessible by you)

For International Applicants

Do you have a passport? Yes No
If yes, provide your passport number _____ Date of Expiration of Passport _____

For 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 (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? _____
(Please attach evidence of your disability e.g., medical records, photographs, etc.)

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)

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Information on Your Undergraduate Admission at KNUST

Have you applied for admission to study at KNUST? Yes No

(It is in your interest to apply for admission at KNUST WHEN THE PORTAL IS OPEN as the Program can solely consider you for the award only when you have gained admission to study at KNUST. IN YOUR INTEREST FILL THIS APPLICATION FORM WELL AHEAD OF THE ADMISSION APPLICATION)

For admission into KNUST Ghanaian applicants need to purchase an E voucher for the purpose and fill the application for admission online - <https://apps.knust.edu.gh/admissions/> international applicants are instructed to visit the same address and select the option for international students only.

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"/>			

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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 Divorce 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.

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. 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				

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5				
6				
7				
8				
9				
10				
11				
12				

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?

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

5. 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):

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				

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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:

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

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					

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

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

Sponsor Information

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?

How regular was this sponsorship?

Monthly

Monthly

Termly

Termly

Annually

Annually

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

Bursary/Scholarship was provided by _____

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

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	

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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.

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

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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 | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) | Television: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) | Satellite Dish: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) | Electric Iron: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e) | Desktop Computer: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f) | Laptop Computer: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| g) | Internet Access: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| h) | Electricity Access: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| i) | Phone | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| j) | Motorcycle | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| k) | Bicycle | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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

(Unless specified, do not attach any other material in response to the questions under this section. You are required to provide your answers in the spaces provided.)

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.

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. Kindly attach relevant certificates or documents.

Title/Activity/Experience	Dates	Primary Responsibilities

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e) Describe a time when you identified a need in your community 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:

1.

2.

3.

4.

5.

g) What is your vision for your community? (250 Word limit)

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h) 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)**

i) 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

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Give a vivid description of the directions to your place of residence (AS INDICATED IN SECTION “A” AS YOUR CURRENT RESIDENCE) beginning from the DISTRICT CAPITAL; include a diagram with some landmarks giving directions to your current place of residence.

2023

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

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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 (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 Scholars Program at KNUST will not process the application).

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 (JHS)	<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)

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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 _____

Level of education _____

Employment status: Employed Self Employed Retired Unemployed

Occupation: _____

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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 (_____)

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