

APPLICATION NUMBER	
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MADINA INSTITUTE OF TECHNOLOGY (MIST)

SCHOLARSHIP APPLICATION FORM

Academic Year:

SECTION A- APPLICANT'S BACKGROUND INFORMATION

(Questions are to be answered in **CAPITAL** letters only. Where it is **not applicable** indicate **NA.**)

Note that application will not be processed if you leave any question unanswered).

1. Full name, as portrayed on your documents. Surname : _____ other Name (s) : _____		
2. Date of Birth	3. Gender (Male /female)	4. Student ID Number
5. Marital Status	6. Nationality	
7. Place of birth(City / Town /village, District, Region)		
8. Home town	District	Region.
9. School (Resident) address :(Where you will live when school is In section e.g. school hostel, lake side estate community 8, plot 6 block 12.)		10. Permanent Home Address: Note Do not provide a post office Box number.
11. Email:		12. Cell/Phone Number:
13. Address to which correspondence regarding this application should be sent.		14a. Level/Year of study (e.g Level 300)
14b.Total number of years (e.g. 4yrs)	14c. Academic Status; FULL TIME / WEEKEND.	
15. School/Department	16. Previous Year Grading Assessment (CGPA)	

Office Of Financial Aid And Scholarships

17. You are to provide the following information **on all your siblings** and provide all the necessary supporting documents to authenticate this. **(USE THE BACK OF THE SHEET IF NECESSARY).**

Surname	First Name(s)	Age	Educational level

18. Schools attended with dates

	Full name of school	Region/District/town	Dates of Attendance (e.g Aug 2000- May 2002)	Who paid for your education and upkeep at this level?
Primary				
JHS				
SHS (provide address in full)				
Tech/Voc/ Inst (provide address in full)				
Others				

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19. Indicate the mode by which you gained admission to the university.

Mode	Month / Year	Candidate Index no.	* Total Aggregate Score / CGPA
WASSCE			
SSSCE			
A LEVEL			
Diploma			
Mature students Exams			

***NOTE: please use the aggregate that your admission into the university was based on.**

: Diploma holders are to provide CGPA obtained at graduation.

SECTION B 1 - INFORMATION ON FINANCES

20. Estimated expenses for the **Academic year.**(Estimate how much you will need to cater for the for the academic year). These expenses should be limited to your **studies only.**

Academic fees (Mist approved fees and charges) use this year's amount).	GH¢
Hostel / Housing. (for 1 st and 2 nd semester)	GH¢
Feeding(for 1 st and 2 nd semester)	GH¢
Books	GH¢
Transportation	GH¢
Others(specify)	GH¢
Other (specify)	GH¢
TOTAL	GH¢

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21. Indicate below the amount of money that you expect to be **available to you** from each of the following source for **the Academic year**.

Personal	GH¢
Parents / Guardian (if you are not employed and do not expect any money from your parents / Guardian, please attach sworn affidavit from them explaining why they will contribute anything towards your Educational expenses)	GH¢
Benefactor	GH¢
Part- time employment	GH¢
SSNIT/ SLTF student loan	GH¢
Scholarship (specify)	GH¢
Others (specify)	GH¢
Others(specify)	GH¢
TOTAL	GH¢

22 .How much will you require? This amount is the **difference** between your **total estimated expenses** (question 20) and what **you expect** will be available to you from the source indicated (question 21).

GH¢

SECTION B 2- INFORMATION ON SCHOLARSHIP

23. If you have **applied** or **intend** to apply for other types of financial support for the **Academic year** please state:

The type of financial support (e.g. scholarship, bursary, student Loan)	Amount (GH¢)	The agency to which the application has been or will be made (e. g Ghana government,NGO,SSNIT,SLTF)
a		
b		
c		
d		

24. If you **have been promised** financial support for this **academic year** from any Body / organization, Benefactor or individual please **state** :

Name and address of the Body / organization /Benefactor /Individual	The amount for financial Support (GH¢)
a	
b	
c	

25. Provide the name(s) and address(s) of the organization, Which has been responsible for your education up to date (If applicable).	26. Will the named sponsor continue to sponsor your education?	27. if yes what is the expected sponsorship per year GH¢.....
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SECTION B 3-FOR STUDENTS WITH DISABILITIES

28 a. Type of Disabilities (e g Deafness)	28b Percentage of Disability (If known) ?
29a. Do you qualify to receive Government Bursary for disability?	29b.How much in scholarship do you (expect) to receive? GH¢.....

SECTION B 4 – ADDITIONAL INFORMATION

30. You may provide **additional information** to support this application. This can include awards received, information on others who will help to sponsor your education and other information on your financial situation (**Additional sheet may be used when necessary**).

SECTION B 5- ESSAY

Please attach **Essay** telling us why you should be considered for this **scholarship** including your expectation from the course and the **university**.

Please **submit the** following documents (do **not** send the originals):

- Applicant's **WASSCE** results / transcript
- Recommendation letter **from** Senior high school.
- Evidence of parent / Guardian income.
- Documents /evidence to establish the relationship with siblings.
- Birth certificate of **siblings** and their school fees etc.
- Any other supporting documents that you, in good **faith** believe will assist in the processing of your application.

DECLARATION

Note that your eligibility for student financial aid be based upon accurate information provided.

I do hereby declare that to the best of my knowledge all the information provided in this application are genuine and accurate and made in good faith.

Signature of student; *Date*.....

Note: Any **material** that is misrepresented renders the application **null** and **void**. Any award made based on misrepresentation shall be **withdrawn** or **refunded** by the applicant and he/she shall be **prosecuted**.

SECTION C 1 – TO BE COMPLETED BY PARENT / LEGAL GUARDIAN - (person so far responsible for financing the education of the applicant)

31 Full Name. Surname:	32 Address:
Other Name(s):	Cell Number/Telephone#
33a Region of residence :	33b District of residence:
34 .Occupations	34b Name and address of employer
<p>35. Annual Total Gross income. (GHC)</p> <p>(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 funds for survival.</p> <p>Please note that this information is necessary and if not provided, this application with be Disqualified.</p> <p><u>Other income that you receive from any source listed below</u></p> <p>Investment returns :</p> <p>Pension :</p> <p>Rental income:</p> <p>Contribution from other sources : (Remittance from family, farm activities, petty trading, earnings from taxi, corn mill etc.)</p>	

36. What is your relationship with application? (**Please thick**)

	Father
	Mother
	Uncle
	Aunt
	Brother
	Sister
	Other (specify).

37. What is your highest level of education? (**Please thick**)

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Tertiary		JSS		Primary	
secondary		Middle school		No formal Education	

38. Are you (Please tick):

Currently employed		Retired	
Self employed		Unemployed	
Other			

39. SSNIT Number (if applicable)

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40. National health insurance number

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

Own House	
Family House	
Rented Premises paid by my employer	
Rented premises paid by self	
Other (specify)	

42. You are to provide information on your dependents and show prove indicating total amount paid In fees and other related expenses **per year** for dependents on current education attendance (e g Receipt and school bills Should be attached).

Surname	First name(s)	Relationship	Age	Educational level	Total amount Paid per year(GH)
TOTAL GH¢					

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43. Summarize your dependents at each level of education.

Level of education	Number of dependants of school going age
Kindergarten/primary	
JHS	
SHS/Tech-Voc	
Tertiary	
Other	
TOTAL	

44. How much are you prepared to pay towards the fees and upkeep of your for the academic year?

GH¢

SECTION C 2- TO BE COMPLETED BY YOUR SECOND PARENT

45. full name Surname: _____ Other name(s) _____	46. Address Cell/Phone Number _____
47. Region of Residence _____	District of residence _____
48. Occupation _____	Name and Address of employer _____
Annual Total Gross Income (salary and income from other sources) GH¢ _____	

50. SSNIT Number (if applicable)

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51. National Health Insurance Number.....

52. What is your relationship to the applicant? (**Please tick**)

FATHER	
MOTHER	
GUARDIAN	

DECLARATION TO BE SIGNED BY PARENT OR GUARDIAN

Note that your dependent's eligibility for student financial aid be based upon accurate information.

I do hereby declare that all the information provided above is true and made in good faith.

Signature or thump print of **parent/guardian** Date.....

Signature or thump print of **Second parent** Date.....

Where Parent cannot read OR write

Name of Witness: Occupation:

Signature of Witness: Date:

Note: Misrepresentation in any format manner shall render this application null or void. Any award made based on a misrepresentation shall be withdrawn or refunded by the applicant and he/she may also be prosecuted.

M.I.S.T reserves the right to cancel the applicant's application if false or incorrect information is provided.

Together we can ensure that nothing but the right students are granted such opportunities

And that the Integrity of **M.I.S.T** financial aid program is preserved.

Thank you for your cooperation.

FOR UNIVERSITY USE ONLY

COMMITTEE DECISION		
ACCEPTED		
REJECTED		
AMOUNT OF SPONSORSHIP		
MODE OF PAYMENT		
APPROVED BY	PRESIDENT	COMMITTEE CHAIRMAN
REMARKS		

