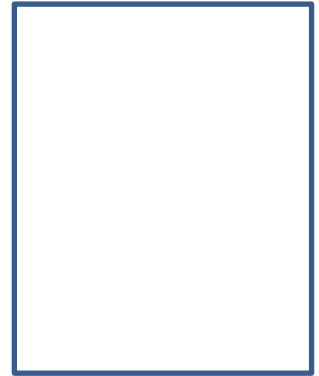




**STUDENT SUPPORT FUND**  
**SUNYANI TECHNICAL UNIVERSITY**

SSF FORM  
 (New Applicant)



**SECTION A – APPLICANT’S BACKGROUND INFORMATION**

(Complete all questions using **BLOCK/CAPITAL** letters only. Where it is not applicable indicate NA, your application will not be processed if you leave any question unanswered)

1. Full name, as it appears on your documents										
Surname:		Other Name(s):								
2. Date of Birth (eg. 20 June, 2000)	3. Gender(Male/Female)	4. Student ID # <table border="1" style="width: 100px; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								
5. Place of Birth village/Town/City		6. Nationality								
7. Home Town	8. District	9. Region								
10. School Term Address (where you live when school is in session eg. Room 153 Getfund hall, Hse # F 7/2, Area 4, etc)	11. Permanent Home Address/Digital Address: (where you normally reside, where you can home. Do not provide a Post Office Box number)  District: _____                          Region: _____									
Telephone #:	Telephone #:									
STU Email:	Alternative Email									
12. Postal Address (Address to which correspondence regarding this application should be sent):	13. Current Level of study (eg. First Year)									
14. Academic Programme of study (HND, BTech, etc)	14a. Status (Regular, Weekend etc)									
15. Faculty (eg. Main )	15a. Hall of Residence									
16a. WASSCE results(for level 100)	16b. CGPA (GPA for the past year of study) to the best of your knowledge.									

17. Please provide the following information on all your siblings and provide 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	Town / District / Region	Dates of Attendance (eg 2014-2017)	Who paid for your education and upkeep at this level?
Primary				
JHS				
SHS ( provide full address)				
Tech/Voc. Inst. ( provide full address)				
Other				

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

MODE	MONTH/YEAR	Candidate Index Number	Total Aggregate Score / CGPA
SSSCE / WASSCE / COTVET			
A LEVEL			
Diploma			
Mature Students Exam			

\* NOTE: use the aggregate that your admission into the University was based on. For Diploma holders, provide the CGPA obtained at graduation.

**SECTION B 1 – INFORMATION ON FINANCES**

20. Estimated Expenses for the 2018-19 academic year. (Estimate how much you will need to spend during the academic year from August 2018 – May 2019). These expenses should be relevant to your studies only.

Academic Fees (University Approved Fees and charges) Use this year’s amount	GH¢
Residential / Housing / Hostel (for 1 <sup>st</sup> and 2 <sup>nd</sup> semester)	GH¢
Feeding (for 1 <sup>st</sup> and 2 <sup>nd</sup> semester)	GH¢
Books	GH¢
Transportation	GH¢
Out of pocket (specify)	GH¢
Other (specify)	GH¢
<b>Total</b>	GH¢

21. Indicate below the amount of money that you expect will be available to you from each of the following sources for 2018-19 academic year from August 2018 to May 2019

Personal	GH¢
Parents / Guardian (if you are not employed and do not expect any money from your parents / guardian, please attach a sworn affidavit from them explaining why they will not give you anything towards your educational expenses)	GH¢
Benefactor	GH¢
Part-time employment	GH¢
SSNIT / SLTF student loan	GH¢
Scholarship (specify)	GH¢
Other Loans (specify)	GH¢
Other (specify)	GH¢
<b>TOTAL</b>	

22. How much funding do 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¢ \_\_\_\_\_

23. What type of Financial Aid are you seeking? (Tick as many as are applicable)

Full Scholarship	
Partial Scholarship	
Part-time Campus Job	
Industrial Attachment	
Other (specify)	

**SECTION B 2 – INFORMATION ON SPONSORSHIP**

24. 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 (eg. Scholarship, bursary, student loan)	Amount (GH¢)	The agency to which application has been, or , will be made (eg. Ghana Government, SSNIT, SLTF, MTN)
a.		
b.		
c.		

25. if you have been promised financial support for the 2018-19 academic year from anybody/Organization, Benefactor, or individual please provide:	
Name and address of the Body/Organization/Benefactor/Individual	The amount in financial support (GH¢)
a.	
b.	

26. Provide the name and address of the organization, which has up to date been responsible for your education (if applicable)	27. will the said sponsor continue to provide financial support for your education?
	28. if YES what is the expected total amount of sponsorship per year?  GH¢_____
a.	
b.	

**SECTION B 3 – FOR STUDENTS WITH DISABILITIES**

29a. Type of Disability (eg. blindness)	29b. Do you qualify to receive Government Bursary for disability?
29c. Percentage of Disability (if known)?	29d. How much is scholarship do you expect to receive?  GH¢_____

**SECTION B 4 – APPLICANT’S EMPLOYMENT HISTORY (if applicable)**

(this section is also applicable to those who worked during the period(s) after SHS)

30. Period of Employment (dd/mm/yy) From _____ to _____	
31. Name, address and contact information of current or last employer	
32. will you be on salary during the period of your studies?	
34. will you be expected to serve a bond after completing your studies?	

**SECTION B 5 – TO BE FILLED BY APPLICANTS WITH DEPENDANTS**

35. Provide the following information on your dependant(s)

Surname	Other name(s)	Age	Level of Education	Relationship

36. If married, provide the following information about your spouse

Full Name:	Other Name(s)
Surname:	
Level of Education	Occupation
Name and address of Employer	
Annual total Gross Income (Salary and income from other sources Attach evidence)	

**SECTION B 6 – ADDITIONAL INFORMATION**

37. You may provide additional information to support this application. This information can include awards received, information on others who help sponsor your education, and other information on your financial situation. (Additional paper may be used if required)

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**SECTION B7 – SUPPORTING STATEMENT**

Please attach 3copies of 2page supporting statement (New Roman, Font size 12 and 1.0 spacing, between 300 – 600 words of not more than one typed page each telling us):

1. Why you feel you should be considered for this support.
2. Fund raising ideas that (individual or group) can help SSF raise funds while you are in school.  
Secondly what you think SSF can do better.
3. What impact would you want to make in Ghana during the next 10years

**ATTACHMENT**

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

- Evidence of income of parent/guardian
- Applicants most current payslip if applicable
- Documents/evidence to establish the relationship with siblings and or dependants as the case may be
- Any other supporting documents that you believe will assist in the processing of you application.

**DECLARATION**

Your eligibility for Students Support Fund (SSF) is subject to accurate information provided.

I do hereby declare that to the best of my knowledge, all my information given in this application are true and made in good faith

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

*Note misrepresentation in any material form renders the application null and void. Any award made based on misrepresentation shall be withdrawn or refunded by the applicant, and he/she may be prosecuted. The truth rather than lies, will get you Financial Aid.*

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

38. Full Name:  Surname:  Other names	39. Address:  Telephone#:
40. District of residence:	40b. Region of residence
40. Occupation:	41b. Name and address of employer

42. 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 evidence to show how you survive and your sources of funds for survival.) Please note that this information is necessary and if not provided the SFAO will disqualify your application

Other income that you receive from any of the under listed sources:

Pension	GH¢
Investment returns	GH¢
Rental income	GH¢
Contribution from others sources	GH¢

(Earnings from taxi, passenger cars, corn mill, farming activities, petty trading, remittances from family etc)

43. What is your relationship to the applicant?

	Father
	Mother
	Uncle
	Aunt
	Brother
	Sister
	Other (specify)

44. What is your highest level of Education?

	Tertiary		JHS		Primary
	Secondary		Middle School		No Formal Education

45. Are you?

Currently Employed		Retired	
Self Employed		Unemployed	
Other			

46. SSNIT Number (if applicable)

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47. National Health Insurance Number: \_\_\_\_\_



48. Please tick the type of accommodation that you and family occupy and family vehicle used.

<input type="checkbox"/>	Own house
<input type="checkbox"/>	Family house
<input type="checkbox"/>	Rented premises paid for by my employer
<input type="checkbox"/>	Rented premises paid for by self
<input type="checkbox"/>	Other (specify)

<input type="checkbox"/>	Own Vehicle
<input type="checkbox"/>	Car owner
<input type="checkbox"/>	Employee
Type	
use	

49. Provide information on your dependants

Surname	First Names	Relationship	Age	Educational Level

50. 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 of school going age	Total amount paid per year (GH¢)
Kindergarten/Primary		
JHS		
SHS/Tech./Voc.		
Tertiary		
Other		
Total		

51. How much are you prepared to pay towards the fees and upkeep of your ward for the academic year. GH¢ \_\_\_\_\_

**SECTION C 2 – TO BE COMPLETED BY YOUR SECOND PARENT**

52. Full Name: Surname: _____ Other name(s): _____	53. Address: Telephone#: _____
54. District of residence: _____	54b. Region of residence _____
55. Occupation: _____	55b. Name and address of employer _____
56. Annual Total Gross Income (salary and income from other sources) GH¢ _____	

57. SSNIT Number (if applicable)

58. National Health Insurance Number: \_\_\_\_\_

59. What is your relationship to the applicant?

<input type="checkbox"/>	Father
<input type="checkbox"/>	Mother
<input type="checkbox"/>	Guardian

**DECLARATION TO BE SIGNED BY BOTH PARENTS OR GUARDIAN**

It is important that your dependant’s eligibility for student financial aid be based upon accurate information

I do hereby declare that all the information given 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 nor write***

Name of witness \_\_\_\_\_ Position \_\_\_\_\_

Signature of witness \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Misrepresentation in any form or manner shall render that application null and void. Any awards made based on a misrepresentation shall be withdraw or refunded by the applicant, and he/she also may be prosecuted.

The university reserved the right to cancel the applicant’s application if false or incorrect information is supplied.

*Thank you for your cooperation Together, we can ensure that the right students get financial support and that the integrity of the Sunyani Technical University student’s financial aid program is presser*

