



UNIVERSITY OF MINES AND TECHNOLOGY, TARKWA

DEPARTMENT

**APPLICATION FOR BHGE OIL & GAS SCHOLARSHIP (BSc)
(20...../ 20..... ACADEMIC YEAR)**

AFFIX
PASSP
SIZ
PHOTO
HEP

*(Complete all questions using **BLOCK** letters only. Please answer all questions. Answer "N/A" for fields that do not apply to you. Note that incomplete applications will not be processed. For previous awardees, please complete the first table and any other part where there has been a change in the information you provided in your previous application.)*

SECTION A – APPLICANT’S BACKGROUND INFORMATION

1. Full name, as is registered in this University. Surname: _____ Other Name(s): _____			
2. Date of Birth (e.g. 01-01-1991)	3. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Student Index. No. _____	
5. Home Town (This is where you hail/come from): _____		Region: _____	
6. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
7. School Term Address: (where you reside when school is in session. Provide details on your hall of residence, hostel, rented accommodation or your home address if you are living at home)		8. Permanent Home Address: (where you normally reside. Do not provide a post office box number alone but a full address). Village/Town/City: _____ Region: _____ How long have you lived at this address? _____	
9. Phone Number: _____			
10. Personal E-mail Address: _____			
11. Address to which correspondence regarding this application should be sent (if different from permanent home address): _____			
12. Programme of Study:	15. CWA		16. Name of Academic Tutor:
13. Current Level of study:	First Year	Second Year	
14. Level of study for which scholarship is being sought:	Third Year		

17. Do you have any disability? Yes No

18. Please specify your disability if any:

19. Please rank the severity of your disability: Low Medium High

20. Have you ever been charged and/or convicted of a criminal offence? Yes No

21. If yes, please state the charge/conviction and elaborate on the circumstances and the outcome. (Use an extra sheet if required).

22. Please provide the following information on **all** your siblings. (Attach separate sheet if necessary).

Surname	Other Name(s)	Age	Level of Education (e.g. none, primary, secondary, tertiary)	Occupation / Employment

23. Applicant's schools attended with dates

	Full Name of School	Town/Region	Dates of Attendance (e.g. 2010-2012)	Who sponsored you at this level?
SHS/Tech-Voc				
Tertiary				
Others				

24. Extra-curricular Activities and Special Skills:

a. Please list any relevant extracurricular, entrepreneurial engagements, service-learning or community activities in which you played a key role.

Organisation	Date(s) of Involvement	Brief Description

b. Please list any special talent(s) you possess.

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SECTION B1 – INFORMATION ON FINANCES

25. Provide the name(s) and address(es) of your sponsor(s), who has/have been responsible for your university education.

- a. Name:.....
 Address:.....
 Phone Number:..... E-mail.....
- b. Name:.....
 Address:.....
 Phone Number:..... E-mail.....

26. Indicate below the amount of money **that you expect to be available to you** from each of the following sources **for the academic year**. If you hold a scholarship or bursary, please attach an offer letter or official letter from your sponsor(s) indicating the offer of scholarship(s) and the details of the scholarship(s).

Item	Amount (GH¢)
Self-Financing	
Other Sources of Finance	
Parent(s)/Guardian(s)	
Benefactor	
Students Loan Trust Fund (SLTF)	
Scholarship(s) (Please specify)	
Government Disability Fund	
Other (specify)	
TOTAL	

27. State your average monthly expenditure for last academic year: (GH¢):

28. What is your fee status? Fee-Paying Regular

29. What type of Financial Support are you seeking? (Tick as many as are applicable)

- Full Scholarship Partial Scholarship (Please tick all that may apply)
- AFUF (25% 50% 75% 100%)
- RFUF (25% 50% 75% 100%)
- Stipend

30. State the estimated total support being requested for: (GH¢)

SECTION B2 – INFORMATION ON EXPECTED SPONSORSHIP

31. If you **have applied or intend to apply** for other types of financial support, please state:

The type of financial support (e.g. <i>Scholarship, bursary, student loan</i>)	The agency to which application has been or will be made (e.g. <i>Ghana Government, SLTF</i>)
a.	
b.	
c.	

SECTION B3 – TO BE FILLED BY APPLICANTS WITH DEPENDENTS

32. Provide the following information on your dependents.

Surname	Other Name(s)	Age	Level of Education	Relationship

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

Surname: _____ Other Name(s): _____	
Level of Education: _____	Occupation: _____
Name and address of Employer: _____	
Gross Annual Income (Salary and income from other sources. Attach evidence, e.g. payslip): GH¢ _____	

SECTION B4 - SUPPORTING DOCUMENTS

34. In no more than 500 words, state why you feel you are eligible for the financial support and how you intend to use your studies to benefit society.

35. You may provide **additional** information to support this application. (Additional paper may be used if required)

Please **submit** any of the following that are applicable to you.

- Academic record.
- One recommendation letter (Any Senior Office Holder)
- Evidence of income of parent/guardian/sponsor (pay slip, tax returns, bank statement, *etc.*).
- Applicant's most current pay slip, if applicable.
- Any other supporting documents that you believe will assist in the processing of your application.

Declaration

It is important that your eligibility for financial support be based upon accurate information.

I do hereby declare that all the information given above is **true**.

Signature of Applicant _____

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.

SECTION C - (TO BE COMPLETED BY YOUR SPONSOR (Person(s) responsible for financing the education of the applicant if applicable)

36. Surname: 37. Other Name(s):	38. Address: Village/Town/City of residence: Region:
39. E-mail:	40. Phone Number:
41. Highest education level: 42. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	43. Relationship to applicant:
44. Occupation:	45. Name and address of employer: 46. Contact Person:
47. Gross Annual Household Income (GH¢): (Salary and income from other sources of sponsor and spouse. Please substantiate with any recent official document (such as salary slip, pension slip or audited financial statement etc.). Please note that this information is necessary and if not provided your application will not be processed.	

48. Please tick the type of accommodation and specify the type of building that you and your family occupy (optional).

Own House		Type of building (e.g. Mud, brick, block, etc.)
Family House		
Rented Premises paid for by my employer		
Rented premises paid for by self		
Other (specify)		

49. Indicate the total number of dependents currently in school/vocational training:

Level of education	Number of dependents attending school or learning a vocation at this level	Relationship
Kindergarten/Primary		
JSS		
SSS/Tech-Voc		
Tertiary		
Other		

SECTION D

Declaration by Sponsor

It is important that your dependent's eligibility for student financial support be based upon accurate information.

I, the sponsor of (applicant's name in full)
....., do hereby declare that all the information given above is true.

Signature or thumbprint of **sponsor** _____ Date _____

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

UMaT reserves the right to cancel the applicant's application if false or incorrect information is supplied.

Witness

Note: Witness should be a leader of a local religious society with which the applicant and/or applicant's parents/guardians fellowship, a Legal Practitioner or a Senior Public Officer/Senior Civil Servant.

Name in full:.....

Occupation:.....

Address:.....
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Phone Number.....

E-mail:.....

Signature or Thumbprint:

Date:

Guarantor

Note: Guarantor must be a responsible Ghanaian of high repute. The guarantor will be held responsible for the payment of any sums for which the applicant is in default upon breach of the terms of this scholarship.

Name in full:.....

Occupation:.....

Address:.....
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Phone Number.....

E-mail:.....

Signature or Thumbprint:

Date:

ACADEMIC TUTOR'S RECOMMENDATION

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This is in support of (Applicant's name in full):

Tutor's name:.....

Signature:.....

Date:.....

FOR OFFICE USE ONLY

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Note: All applications should send to scholarship@umat.edu.gh by close of day, 12th July, 2018