



## SFAS FORM I

# STUDENTS FINANCIAL AID APPLICATION FORM

**Academic year:**

### **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 (e.g. 20 June, 2000)	3. Gender (Female/Male)	4. Student ID # <table border="1"><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 District: _____ Region: _____		6. Nationality								
7. Home Town	8. District	9. Region								
10. School Term Address:(where you will live when school is in session e.g. Room 153 Sagnarigu Hall, Hse # 845 Dungu West, Room 47, Northern Hostel etc)	11. Permanent Home Address: (where you normally reside, where you call home. <u>Do not provide</u> a Post Office Box number).  District: _____ Region: _____									
Telephone#:  Email:	Telephone#:  Alternative Email:									
12. Address to which correspondence <b>regarding this application</b> should be sent:										
13a.Current Level of Study (e.g. Level 200)		13b. Level of study for 2024/2025								

14a. Academic Programme of Study (e.g. B.A, BSc, etc)		
14b. Status (e.g. Regular, Distance, Fee-paying etc)		
15a. Faculty/School		
15b. Campus (e.g. Tamale, City, Nyankpala)		
16. <b>CGPA (GPA for the past year of study)</b>		

17. Please provide the following information on **all** your siblings (USE THE BACK OF THE SHEET IF NECESSARY).

<b>Surname</b>	<b>First Name(s)</b>	<b>Age</b>	<b>Education Level</b>

18. Schools attended with dates

	<b>Full Name of School</b>	<b>Town/District/Region</b>	<b>Dates of Attendance</b> (eg 2001-2003)	<b>Who paid for your education and upkeep at this level?</b>
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			
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 2024-2025 academic year.** (Estimate how much you will need to spend during the academic year. These expenses should be relevant to your studies only.

Academic Fees (University Approved Fees and Charges) Use this year's amount.	GHS
Residential /Housing/ Hostel (for the academic year)	GHS
Feeding (for the academic year)	GHS
Books	GHS
Transportation	GHS
Out of pocket (specify)	GHS
Other (specify)	GHS
<b>TOTAL</b>	GHS

21. Indicate below the amount of money **that you expect will be available to you from each of the following sources for 2024-2025.**

Personal	GHS
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).	GHS
Benefactor	GHS
Part-time employment	GHS
SSNIT / SLTF student loan	GHS
Scholarship (specify)	GHS
Other Loans (specify)	GHS
Other (specify)	GHS
<b>TOTAL</b>	GHS

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 sources indicated (question 21).

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

<b>Full Sponsorship</b>	
<b>Partial Sponsorship</b>	

**SECTION B 2 – INFORMATION ON SPONSORSHIP**

24. If you <b>have applied or intend to apply</b> for other types of financial support for the <b>2024-2025</b> year please state:		
The type of financial support (e.g. <i>Scholarship, bursary, student loan</i> )	Amount (GHS)	The agency to which application has been, or, will be made(e.g. <i>Ghana Government, SSNIT, SLTF, MTN</i> )
a.		
b.		
c.		

25. If you <b>have been promised</b> financial support for the <b>2024-2025</b> academic year from any Body/Organization, Benefactor, or Individual please provide:	
Name and address of the Body/Organization/Benefactor/Individual	The amount in financial support (GHS)
a.	
b.	

<p>26. Provide the name and address of the organization, which has up to date been responsible for your education (If applicable).</p> <p>a. .</p> <p>b.</p>	<p>27. Will the said sponsor <u>continue</u> to provide financial support for your education?</p> <hr/> <p>28. If <b>YES</b> what is the expected total amount of sponsorship per year?</p> <p>GHS _____</p>
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**SECTION B 3 - FOR STUDENTS WITH DISABILITIES**

29a. Type of Disability (e.g. blindness)	29b. Do you qualify to receive Government Bursary for disability?
29c. Percentage of Disability (if known)?	29c. How much in scholarship do you expect to receive? GHS_____

**SECTION B 4 - APPLICANT’S EMPLOYMENT HISTORY (If applicable)**

(This section is also applicable to those who worked during the one-year period 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?	33. State your total <u>gross</u> income (Salary and income from other sources) per year (GHS).
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 dependants.

Surname	Other Name(s)	Age	Level of Education	Relationship

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

Full Name: Surname		Other Name(s):
Level of Education		Occupation
Name and address of Employer.		

Annual Total Gross Income (Salary and income from other sources. Attach evidence)
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**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)

**SECTION B7 – ESSAY**

Please attach three separate essays of not more than one typed page each telling us:

1. Why do you feel you should be considered for this sponsorship?
2. Fundraising ideas that (individual or group) can help SFAS raise funds while you are in school.
3. What difference will you want to make in Ghana during the next 7 years?

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

- Evidence of income of parent/guardian.
- Applicant’s most current payslip if applicable.
- Admission letter
- Any other supporting documents that you believe will assist in processing your application.

Consent

Please **circle** one (want/ not want) below:

- a. If I am not successful I would want / not want my data given to another donor
- b. If successful I would want / not want my transcript and personal data to be forwarded

**Declaration**

**Your eligibility for student financial aid must be based on accurate information.**

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

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

**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 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.*

The University reserves 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 University for Development Studies Students Financial Aid program is preserved.***

**FOR OFFICE USE ONLY**

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