

# AMU FORM- KACIS

(New Applicants)



A Million of Us

## PRIMARY AND SECONDARY SCHOOL STUDENTS FINANCIAL AID OFFICE

KEEP A CHILD IN SCHOOL

SCHOLARSHIP FORM

2024 - 2025

### 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 May 1997)	3. Gender (Female/Male)	4. Student ID # <table><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. Local Government _____	9. State _____								
10. School Term Address: (where you will live when school is in session e.g. Room 3 Volta Hall, House number 45 Okai Lane, Room 7A AGES-ABBA Hostel,)		11. Permanent Home Address: (where you normally reside, where you call home. <u>Do not provide</u> a Post Office Box number).  Town/City: _____ State: _____								
Telephone#: _____ Email: _____		Telephone#: _____ Alternative Email: _____								
12. Address to which correspondence <b>regarding this application</b> should be sent: _____		13. Class of Study for <b>2022/2023</b> (e.g. SS1) Class _____								
14a. Academic Programme of Study (e.g. Primary, Secondary )	15a. Name of School _____	16. School address								
	15b. Email Address _____									
14b. Extracurricular ( e.g. Music, Sports, athletics, skill,)	15c. Name of Principle/Head Teacher/Administrator _____	16b. <b>Telephone No</b> _____								

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	Education Level

18. Schools attended with dates

Primary or Secondary	Full Name of School	Town/District /Region	Dates of Attendance (eg 2001-2003)	Who paid for your education and upkeep at this level?
Other				

## 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 from September 2022 to June 2023. These expenses should be relevant to your studies only.

School Fees 1 <sup>st</sup> Term	
School Fees 2 <sup>nd</sup> Term	
School Fees 3 <sup>rd</sup> Term	
Books	
Transportation	
Other (specify)	
Other (specify)	
<b>TOTAL</b>	

21. Indicate below the amount of money **that you expect will be available to you from each of the following sources for 2024/2025 academic year from September 2024 to June 2025**

Personal	
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).	
Benefactor	
Part-time employment	
Student loan	
Scholarship (specify)	
Other (specify)	
Other (specify)	
<b>TOTAL</b>	

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

## SECTION B 2– INFORMATION ON SPONSORSHIP

23. 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 ( <i>e.g. Scholarship, bursary, student loan</i> )		Amount ( <b>Naira</b> )	The agency to which application has been, or, will be made( <i>e.g. Government, NGO, MTN</i> )
a.			
b.			
c.			
d.			

24. If you <b>have been promised</b> financial support for the <b>2019/2020</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 ( <b>Naira</b> )
a.		
b.		
c.		

25. Provide the name(s) and address(es) of the organization, which has up to date been responsible for your education (If applicable).	26. Will the said sponsor <u>continue</u> to provide financial support for your education?
	27. If <b>YES</b> what is the expected total amount of sponsorship per year? <b>Naira</b> _____

### SECTION B 3 - FOR STUDENTS WITH DISABILITIES

28a. Type of Disability (e.g. blindness)	29a. Do you qualify to receive Government Bursary for disability?
28b. Percentage of Disability (if known)?	29b. How much in scholarship do you (expect to) receive? _____

### SECTION B 4 -ADDITIONAL INFORMATION

30. 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 B5

Please **submit** the following:

- Admission letter for your current Primary or Secondary School.  
(do not send the originals of any of these documents)
- Account details of the school
- Any other supporting documents that you believe will assist in the processing of your application.

### **Consent**

Please **circle** one(want or not want) for each statement below:

- a. If I am not successful I would want/not want my personal data to given to another donor.
- b. If successful I would want /not want my transcripts and personal data to be forwarded B&S Education.

### **Declaration**

**It is important that your eligibility for student financial aid be based upon accurate information.**

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*)**

31. Full Name Surname: _____ Other Name(s): _____	32. Address.  Telephone # _____
33. Town of residence: _____	33b. State of residence: _____
34. Occupation. _____	34b. Name and address of employer. _____
35. Annual Total Gross Income.(GH¢)  (Salary and income from <b>other sources</b> . 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). <b><i>Please note that this information is necessary and if not provided it will disqualify your application.</i></b>  <b><u>Other income that you receive from any of the under listed sources:</u></b> Pension : _____ Investment returns : _____ Rental income: _____ Contribution from others sources : _____ (Earnings from taxi, passenger cars, corn mill, farming activities, petty trading, remittances from family etc). : _____	

36. What is your relationship to the applicant?

_____	Father
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	Mother
	Uncle
	Aunt
	Brother
	Sister
	Guardian
	Other (Specify).

37. What is your highest level of Education?

Tertiary		JSS		Primary	
Secondary		Middle School		No Formal Education	

38. Are you:

Currently Employed		Retired	
Self Employed		Unemployed	
Other			

39. NIN 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 for by my employer
	Rented premises paid for by self
	Other (specify)

42. How much are you prepared to pay towards the fees and upkeep of your ward for the **2019/2020** academic year?

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## SECTION C 2 - TO BE COMPLETED BY YOUR SECOND PARENT

43. Full Name Surname:                      Other Name(s)		44. Address.  Telephone #
45. District of residence.                      Region of residence.		
46. Occupation.	Name and address of employer.	
47. Annual Total Gross Income (Salary and income from other sources) ( <b>Naira</b> ).		

48. NIN Number (if applicable)

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49. National Health Insurance Number .....

50. What is your relationship to the applicant

	Father
	Mother
	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 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.

*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 AMU Financial Aid program is preserved.***