



SCHOLARSHIP APPLICATION FORM SVANIKIER GA-DANGME SCHOLARSHP SCHEME

Ple	ase fill this form IN BLOCK/CAPITAL LETTERS	5.						
	SECTION A: P	ERSONAL DETAILS						
1								
1.	NAME:							
	SURNAME	FIRST NAME	MIDDLE NAME					
2	DATE OF BIRTH//	AGE: SEX	: []MALE []FEMALE					
	DD MM YYYY							
3.	PLACE OF BIRTH:							
4.	HOME TOWN:							
5.	REGION:							
6.	NATIONALITY:							
7.	LANGUAGE(S) SPOKEN AND WRITTEN:							
8.	RELIGIOUS AFFILIATION:							
9.	RESIDENTIAL ADDRESS:							
10								
10.	PHONE/WHATSAPP NO:							
11	DIGITAL ADDRESS:							
12	EMAIL ADDRESS:							
12.	WEKU:	HSE ADDRESS						
14	WEKU SHIA:	HSE ADDRESS						
	WEKU NUKPA:							
	SECTION B: EDUCATIONAL BACKGROUND							
16.	PROGRAMME PURSUING:							
17	PROGRAMME DURATION:		YEARS					
- / •								
18.	ADMISSION DATE:							

19. STUDENT ACCOUNT CODE:

20. LAST EDUCATIONAL INSTITUTION ATTENDED:

21. DATE OF ATTENDANCE: FROM: ______ TO: _____

22. CERTIFICATE EARNED:

24. ADDRESS:	23. SCHOOL HEAD:						
SECTION C: FAMILY INFORMATION 26. FATHER'S NAME: TEL: 27. MOTHER'S NAME: TEL: 28. NAME OF GRAND-FATHER (PATERNAL): TEL: 29. HOME TOWN OF PATERNAL GRAND-FATHER:	24. ADDRESS:						
26. FATHER'S NAME: TEL: 27. MOTHER'S NAME: TEL: 28. NAME OF GRAND-FATHER (PATERNAL): TEL: 29. HOME TOWN OF PATERNAL GRAND-FATHER:	25. PHONE:	E-MAIL:					
27. MOTHER'S NAME:TEL:	SECTION C: FAMILY INFORMATION						
28. NAME OF GRAND-FATHER (PATERNAL):	26. FATHER'S NAME:						
29. HOME TOWN OF PATERNAL GRAND-FATHER:	27. MOTHER'S NAME:	TEL:					
30. CURRENT/LAST RESIDENTIAL ADDRESS OF GRAND-FATHER:	28. NAME OF GRAND-FATHER (PATERNAL):						
31. PROVIDE LAST KNOWN ADDRESS (IF DECEASED): SECTION D: ECONOMIC INFORMATION 32. FATHER'S OCCUPATION: 33. FATHER'S DIGITAL ADDRESS: 34. FATHER'S CONTACT: EMAIL: 35. FATHER'S PHONE NUMBER: 36. MOTHER'S OCCUPATION: 37. MOTHER'S DIGITAL ADDRESS: 38. MOTHER'S CONTACT: EMAIL: 39. MOTHER'S PHONE NUMBER: SECTION E: EMERGENCY/CONFIRMATION CONTACTS 40. ANY TWO LIVING RELATIVES WHO MAY BE CONTACTED IN CASE OF EMERGENCY/CONFIRMATION: (1) FULL NAME: DIGITAL ADDRESS: (2) FULL NAME: DIGITAL ADDRESS:	29. HOME TOWN OF PATERNAL GRAND-FATHER						
SECTION D: ECONOMIC INFORMATION 32. FATHER'S OCCUPATION:							
32. FATHER'S OCCUPATION:							
 33. FATHER'S DIGITAL ADDRESS:							
34. FATHER'S CONTACT: EMAIL:	32. FATHER'S OCCUPATION:						
35. FATHER'S PHONE NUMBER:	33. FATHER'S DIGITAL ADDRESS:						
36. MOTHER'S OCCUPATION:	34. FATHER'S CONTACT: EMAIL:						
37. MOTHER'S DIGITAL ADDRESS:	35. FATHER'S PHONE NUMBER:						
 38. MOTHER'S CONTACT: EMAIL:	36. MOTHER'S OCCUPATION:						
39. MOTHER'S PHONE NUMBER:	37. MOTHER'S DIGITAL ADDRESS:						
SECTION E: EMERGENCY/CONFIRMATION CONTACTS 40. ANY TWO LIVING RELATIVES WHO MAY BE CONTACTED IN CASE OF EMERGENCY/ CONFIRMATION: (1) FULL NAME: DIGITAL ADDRESS: (2) FULL NAME: DIGITAL ADDRESS:	38. MOTHER'S CONTACT: EMAIL:						
 40. ANY TWO LIVING RELATIVES WHO MAY BE CONTACTED IN CASE OF EMERGENCY/ CONFIRMATION: (1) FULL NAME: DIGITAL ADDRESS: MOBILE NO: (2) FULL NAME:	39. MOTHER'S PHONE NUMBER:						
DIGITAL ADDRESS: MOBILE NO: (2) FULL NAME: DIGITAL ADDRESS:	40. ANY TWO LIVING RELATIVES WHO MAY BE CONTACTED IN CASE OF EMERGENCY/ CONFIRMATION:						
(2) FULL NAME: DIGITAL ADDRESS:							
DIGITAL ADDRESS:	MOBILE NO:						
DIGITAL ADDRESS:	(2) FULL NAME:						
MOBILE NO:	MOBILE NO:						

SECTION F: REFEREES

41. CHARACTER:	
NAME:	
E-MAIL:	
POSITION:	

_____ MOBILE NO: _____

42. ACADEMIC:

NAME:		
E-MAIL:		
POSITION:		
MOBILE NO:		

SECTION G: ATTACHMENTS

Please attach Certified Copies of the under-listed documents. Do not include original copies of your documents. The office will not accept any responsibility for the loss of original documents.

- 1. Admission Letter
- 2. Birth Certificate
- 3. BECE and SHS/WASSCE Certificate(s)
- 4. Any other certificate(s), professional, or other Diplomas

All academic transcripts from institutions/schools attended as well as reference letters should be sent directly to:

> The Registrar Svanikier Ga-Dangme Scholarship Fund Valley View University P O Box VV 100 Oyibi – Accra

SECTION H: DECLARATION

_____ certify that the information herein provided is I, correct and complete to the best of my knowledge. I accept to be disqualified from the scheme should the information herein given to be found at anytime to be false.

That the scholarship only covers tuition, and is for only formation/training.

That the referees and others mentioned are to provide needed information with regard to any subjects covered by this application. I hereby release such parties of any damage that may result from furnishing such information.

I agree that if offered the scholarship, I, will conform to the policies and Christian principles of the University. These may be liable to change at any time.

I further accept the fact that if granted the sponsorship, I will be subjected to a qualifying (probation) period, which may be extended at the discretion of the University, and will be required to provide additional pertinent information about my nuclear family, if any, and myself.

APPLICANT SIGNATURE: _____ DATE: _____