

# SCHOLARSHIP APPLICATION FORM

## Personal Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Nationality: \_\_\_\_\_

Ghana Card Number: \_\_\_\_\_

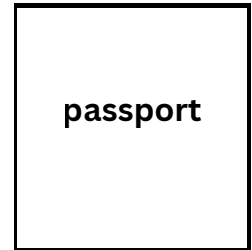
Contact Address (Residential): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Metropolitan/Municipal/District: \_\_\_\_\_

Region: \_\_\_\_\_

Email Address: \_\_\_\_\_



## Educational Background

Current Institution (name, program, level/year): \_\_\_\_\_

Previous Schools Attended: \_\_\_\_\_

Academic Records (attach transcripts/certificates): \_\_\_\_\_

Admission Letter: \_\_\_\_\_

## Scholarship Details

Type of Scholarship: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Institution Admitted To: \_\_\_\_\_

Duration of Program: \_\_\_\_\_

## Financial Information

Father/Guardian Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Are both parents alive? Yes / No

If No, specify:

\_\_\_\_\_  
\_\_\_\_\_

Any employed siblings? Yes / No

If Yes, details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Household Size & Dependents:

\_\_\_\_\_  
\_\_\_\_\_

## References

Recommendation Letter: \_\_\_\_\_

Referee Name & Position: \_\_\_\_\_

Contact Information: \_\_\_\_\_

## Declaration

I hereby apply for scholarship/bursary with ASK Bagbin Education Fund LBG. I confirm that the information provided is correct and agree to the terms and conditions.

Full Name:

\_\_\_\_\_  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Parent/Guardian Attestation

Name: \_\_\_\_\_

\_\_\_\_\_  
Signature: \_\_\_\_\_

\_\_\_\_\_  
Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

## NOTE:

Applicants are required to submit a scanned copy of their completed application form to the official email address: [info@askbagbinedufund.org](mailto:info@askbagbinedufund.org)