

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

Full Name of Father/Guardian: _____

Occupation of Father/Guardian: _____

Contact Details (Phone/Email): _____

Full Name of Mother/Guardian: _____

Occupation of Mother/Guardian: _____

Contact Details (Phone/Email): _____

Are both parents/guardians currently alive? Yes / No

If no, please specify: _____

Are any siblings/relatives employed? Yes / No

If yes, details: _____

Household Size & Dependents: _____

References

Recommendation Letter: _____

Referee Details (Name, Position, Contact): _____

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: _____