

SCHOOL OF MEDICINE AND DENTISTRY, KNUST 2023 / 2024

DEAN'S SCHOLARSHIP SCHEME FOR NEEDY BUT BRILLIANT STUDENTS

BOA ME SCHOLARSHIP APPLICATION FORM

PART 1. APPLICANT'S INFORMATION

**Passport
Picture**

1. a) Surname		b) First Name		c) Other Name (s)	
2. Date of Birth (dd/mm/yy)	3. Gender Male: <input type="checkbox"/> Female: <input type="checkbox"/>		4. Student ID # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		5. Index Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. a) Place of Birth/Region (Eg. Kumasi-Ashanti Region):		b) Residential Address			7. Nationality
8. Religion/ Religious Group Name (Eg. Christianity/ Pentecost Church)		9. Hall of Affiliation	10. Student Vodafone #	11. Other Mobile #	
12. Programme of Study			13. Year/Level		14. Current CWA
15. Secondary School Attended		16. Programme Offered		17. Period of Study	
18. Indicate the mode by which you gained admission to the University a) Less Endowed Student <input type="checkbox"/> b) Fee-Paying Student <input type="checkbox"/> c) Regular Student <input type="checkbox"/> d) Other <input type="checkbox"/>					
19. Residential address when school is in session		20. Are you a beneficiary of any scholarship/bursary? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. If yes state the source Source: Duration of Scholarship: Effective Date: Amount:	

PART 2. PARENTS'/ GUARDIAN INFORMATION

FATHER check the box if deceased <input type="checkbox"/>		MOTHER check the box if deceased <input type="checkbox"/>	
1. Name		1. Name	
2. Marital status	a) Single <input type="checkbox"/> b) Married <input type="checkbox"/> c) Separated/Divorced <input type="checkbox"/>	2. Marital Status	a) Single <input type="checkbox"/> b) Married <input type="checkbox"/> c) Separated/Divorced <input type="checkbox"/>

3. Residential Address	4. Mobile #	3. Residential Address	4. Mobile #
	5. Number of Children		5. Number of Children
6. Occupation	7. Unemployed <input type="checkbox"/>	6. Occupation	7. Unemployed <input type="checkbox"/>
8. Name and Address of Employer		8. Name and Address of Employer	

PERSONAL STATEMENT

Using 5 Bullet form explain why you need the KSMD Dean's Scholarship Scheme for Needy but Brilliant Students

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PART 3. STUDENT'S DECLARATION

I hereby declare that the information given by me is **True** and **Accurate**.

Applicants' Name

Applicants' Signature

Date

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PART 4. NAME AND ADDRESS OF REFEREE

Please provide the details of one referee. He/She **MUST** be a Senior Member of the **University**.

REFEREE			
Name		Position	
Address		Date	

Signature & Stamp

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For further enquiries please contact the Deputy Examinations Officer, SMD

PART 5. FOR OFFICIAL USE ONLY – SCHOLARSHIPS COMMITTEE

COMMENT

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NAME

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SIGNATURE

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DATE

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