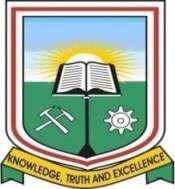
****UNIVERSITY OF MINES AND TECHNOLOGY, TARKWA



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**APPLICATION FOR GHANA CHAMBER OF MINES (GCM) - TERTIARY**

**EDUCATION FUND (TEF) SCHOLARSHIP FOR UNDERGRADUATE**

**STUDENTS (2024/2025 ACADEMIC YEAR)**

**NOTE:**

1. **Read the Relevant Information/Instruction for the Application for the GCM-TEF Scholarship for Undergraduate Students before you start filling the Forms.**
2. ***Convert all your completed application document/files into one pdf document and save it with your official name and submit to*** [***gcmtef-ug@umat.edu.gh***](mailto:gcmtef-ug@umat.edu.gh)
3. ***Failure to do the above will render your application incomplete.***

***SCHOLARSHIP FORM FOR UNDERGRADUATE STUDENTS***

*Complete all the required sections in the form. Use “N/A” for fields that do not apply to you. Note that incomplete applications will not be processed.*

**SECTION A – APPLICANT’S BACKGROUND INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Full name (as registered in the University)  Surname:Click or tap here to enter text. Other Name(s):Click or tap here to enter text. | | | | | | | | |
| 2. Date of Birth (DD-MM-YYYY)  Click or tap to enter a date. | | 3. Gender  Male  Female | | | | | 4. Student Index No.  Click or tap here to enter text. | |
| 5. Home Town (This is where you hail/come from):Click or tap here to enter text. Region: Click or tap here to enter text. | | | | | | | | |
| 6. Marital Status:  Single  Married  Divorced  Widowed | | | | | | | | |
| 7. School Term Address: (where you reside when school is in session. Provide details on your hall of residence, hostel, rented accommodation or your home address if you are living at home)  Click or tap here to enter text. | | | 8. Permanent Home Address: (where you normally reside. Do not provide a post office box number alone but a full address).  Click or tap here to enter text.  Village/Town/City:Click or tap here to enter text. Region:Click or tap here to enter text. | | | | | |
| 9. Phone Number: Click or tap here to enter text.  10. Personal E-mail Address:Click or tap here to enter text. | | | | | | | | |
| 11. Address to which correspondence regarding this application should be sent (if different from permanent home address):  Click or tap here to enter text. | | | | | | | | |
| 12a. Programme of Study: Click or tap here to enter text.  12b. Campus:  Tarkwa  Essikado  13. Current Year of study:  One  Two  14. Year of study for which scholarship is being sought:  Two  Three | | | | | 15. WA / CWA(s)   |  |  | | --- | --- | | 1st Year | 2nd Year | | Click or tap here to enter text. | Click or tap here to enter text. | | | 16a. Name of Academic Tutor:  Click or tap here to enter text.  16b. Contact of Academic Tutor:  Mobile: Click or tap here to enter text. | |
| 17. Do you have any disability?  Yes  No | | | | | | | | |
| 18. Please specify your disability if any: Click or tap here to enter text. | | | | | | | | |
| 19. Please rank the severity of your disability:  Low  Medium  High | | | | | | | | |
| 20. Have you ever been charged and/or convicted of any criminal offence?  Yes  No | | | | | | | | |
| 21. If yes, please state the charge/conviction and elaborate on the circumstances and the outcome. (Use an extra sheet if required).  Click or tap here to enter text. | | | | | | | | |
| 22. Please provide the following information on **all** your parent’s / guardian’s dependents (Attach separate sheet if necessary). | | | | | | | | |
| **Surname** | **Other Name(s)** | | | **Age** | | **Level of Education**  **(e.g. none, primary, secondary, tertiary)** | | **Occupation / Employment** |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. |
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| 23. Extra-curricular Activities and Special Skills:Click or tap here to enter text. | | |
| a. Please list any relevant extracurricular, entrepreneurial engagements, service-learning or community activities in which you played a key role. | | |
| **Organisation** | **Date(s) of Involvement** | **Brief Description** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**SECTION B1 – INFORMATION ON FINANCES**

|  |  |
| --- | --- |
| 24. Provide the name(s) and address(es) of your sponsor/guardian/parent(s), who has/have been responsible for your university education. | |
| 1. Name of Sponsor/Guardian/Parent 1: Click or tap here to enter text. | |
| Address/Occupation: Click or tap here to enter text. | |
| Phone Number:Click or tap here to enter text. E-mail: Click or tap here to enter text. | |
| 1. Name of Sponsor/Guardian/Parent 2: Click or tap here to enter text. | |
| Address: Click or tap here to enter text. | |
| Phone Number:Click or tap here to enter text. E-mail: Click or tap here to enter text. | |
| 25. Are you on any other scholarship?  Yes  No | |
| 26. If Yes, indicate the name of the scholarship and the scholarship amount.  a. Scholarship Name:Click or tap here to enter text.  b. Scholarship Amount: Click or tap here to enter text. | |
| 27. State your average monthly expenditure in the university: (GH¢): Click or tap here to enter text. | |
| 28. What is your fee status?  Fee-Paying  Regular | |
| 29. What type of Financial Support are you seeking? (Tick as many as are applicable) | |
| Full Scholarship | Partial Scholarship (Please tick all that may apply) |
|  | AFUF ( 25%  50%  75%  100%) |
|  | RFUF ( 25%  50%  75%  100%) |
|  | Stipend |
| 30. State the estimated total support being requested for: (GH¢) Click or tap here to enter text. | |

**SECTION B2 - SUPPORTING DOCUMENTS**

|  |  |
| --- | --- |
| 31. In not more than 500 words, state why you think you are eligible for the financial support, how the fund will assist you in achieving your dreams and how your programme will benefit society. | |
| 32. You may provide **additional** information to support this application (Additional sheet may be used if required).  Please **submit** a copy of a, b, c and d or e:   1. Birth certificate / Ghana Card 2. Academic record. 3. One recommendation letter (Any Senior Member / Senior Staff in UMaT). 4. Any evidence of income of parent/guardian/sponsor (pay slip, tax returns, bank statement, susu card, *etc*). 5. Any other supporting documents that you believe will assist in justifying your needy status (the health state, burial certificate/poster of parent/guardian, etc).   ***NOTE: Convert all files into ONLY ONE PDF DOCUMENT and save it with your official name before submitting to***  [***gcmtef-ug@umat.edu.gh***](mailto:gcmtef-ug@umat.edu.gh)***.***  ***DO NOT SUBMIT SEPARATE FILES. Submit ONLY ONE application.***  ***Failure to do the above will render your application incomplete.***  I do hereby declare that all the information given above is **true.** | |
| **33. Declaration**  **Note**: Misrepresentation in any 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. **It is important that your eligibility for financial support is based upon accurate information**.    I **………………………………………………………………**.do hereby declare that all the information given above by me is **TRUE** to the best of my knowledge**.** | |
| Signature of Applicant: | Date: |

**SECTION C - (*TO BE COMPLETED BY YOUR SPONSOR/PARENT/GUARDIAN***

|  |  |
| --- | --- |
| 34a. Surname: Click or tap here to enter text.  34b. Other Name(s): Click or tap here to enter text. | 35. Address: Click or tap here to enter text.  Village/Town/City of residence: Click or tap here to enter text.    Region: Click or tap here to enter text. |
| 36. E-mail: Click or tap here to enter text. | 37. Phone Number: Click or tap here to enter text. |
| 38. Highest education level: Click or tap here to enter text.  39. Marital Status  Single  Married  Divorced  Widowed | 40. Relationship to applicant: Click or tap here to enter text. |
| 41. Occupation: Click or tap here to enter text. | 42. Name and address of employer: Click or tap here to enter text.  43. Contact Person (Employer): Click or tap here to enter text. |
| **Sponsor/Parent/Guardian’s Declaration**  **It is important that your dependent’s eligibility for student financial support be based upon accurate information.**  IClick or tap here to enter text., the sponsor/parent/guardian of (applicant’s name in full) Click or tap here to enter text., do hereby declare that all the information given above is true.  Signature or thumbprint of sponsor/parent/guardian**:** 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 may also be prosecuted. | |
| **Witness**  **Note:** Witness should be a leader of a local religious society with which the applicant and/or applicant’s sponsor/parent/guardian fellowships, a Legal Practitioner, a Senior Public Officer or a Senior Civil Servant. | |
| Name in full: Click or tap here to enter text. | |
| Occupation: Click or tap here to enter text. | |
| Address: Click or tap here to enter text. | |
| Phone Number: Click or tap here to enter text. E-mail: Click or tap here to enter text. | |
| Signature and Official Stamp: Date: | |

**RECOMMENDATION FROM UMaT STAFF (SENIOR MEMBER)**

|  |
| --- |
| ***Kindly attach a letter of recommendation*** |

**FOR OFFICE USE ONLY**

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| --- |
|  |

***Note: All Completed Forms should be sent to:*** [***gcmtef-ug@umat.edu.gh***](mailto:gcmtef-ug@umat.edu.gh)