

APPLICATION FORM

INSTRUCTIONS:

SURNAME:

Please fill all portions of this form and attach all relevant documents to it. Send the completed form to the address at the end of this application. (You risk losing your chances of success if you do not complete your application properly.)

Please affix your passport picture here

• PERSONAL INFORMATION

FIRST NAME:					
OTHER NAMES:					
DATE OF BIRTH:					
GENDER		MALE		☐ FEMALE	
• PERSONAL IDE	ENTIFIC	ATION D	ETAILS		
NATIONALITY:					
GHANA CARD NUMBER:					
REGION:					
DISTRICT:					
TOWN/CITY:					
STREET ADDRESS:					
HOUSE ADDRESS:					



PHONE NUMBER:	
EMAIL ADDRESS:	
ACADEMIC INFORMATION	ON
SECOND CYCLE SCHOOL (SHS/SHTS, ETC) ATTENDED:	ON
REGION LOCATED:	
TOWN/CITY:	
YEAR OF GRADUATION:	
PROGRAM STUDIED:	
ANY ACADEMIC HONORS OR A	ACHIEVEMENTS (optional)
LEADERSHIP ROLES UN	DERTAKEN
POSITION:	
ORGANIZATION/CLUB:	

• REFERENCES

REFERENCE 1		
NAME:		
RELATIONSHIP TO APPLICANT:		
PHONE NUMBER:		
EMAIL ADDRESS:		
REFERENCE 2		
NAME:		
RELATIONSHIP TO APPLICANT:		
PHONE NUMBER:		
EMAIL ADDRESS:		
• SCHOLARS' AID PROJECT		
ARE YOU A BENEFICIARY OF TULLOW AND THE JUBILEE PARTNERS' SCHOLARS AID PROGRAM?	☐ YES	□NO

• PRIVACY DECLARATION

The information requested in the application form will be used solely for the purpose of assessing your application for the scholarship for which you are applying. Personal information contained in this application will be made available to members of the Scholarship Committee and staff of the Scholarship office only.



CHECKLIST

(Please tick when you have completed this form and attached all the necessary documents)
Scholarship application form
A recent passport picture (not older than 6 months)
☐ Copy of your Ghana Card
Copy of your WASSCE Results
A copy of an unconditional admission letter from a public tertiary institution
Two reference letters (one from a community leader and another from the head of an academic institution).
An essay detailing your academic goals, personal achievements and why you are interested in this university and program
STUDENT DECLARATION
I
DATE: SIGNATURE:

Please submit all completed forms along with other required information to:
The Administrator Tertiary Scholars' Aid Project

The Administrator
Tertiary Scholars' Aid Project
Sekondi-Takoradi Chamber of Commerce & Industry
27 St. Francis Street
Anaji-Takoradi

Or

Scan the form and the attachments and submit via e-mail to: admin@jubileetertiaryscholarsaid.org

For further information please call - 055 111 1172

APPLICATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE ACCEPTED.

INCOMPLETE APPLICATION WILL NOT BE ACCEPTED.