****UNIVERSITY OF MINES AND TECHNOLOGY, TARKWA

AFFIX PASSPORT SIZE PHOTO

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**APPLICATION FOR GHANA CHAMBER OF MINES (GCM) - TERTIARY EDUCATION FUND (TEF) SCHOLARSHIP FOR UNDERGRADUATE STUDENTS**

**(2020/ 2021 ACADEMIC YEAR)**

**Relevant Information/Instruction for the Application for the GCM-TEF Scholarship for Undergraduate Students**

**1. Introduction**

The undergraduate scholarship has two categories of beneficiaries: brilliant and needy (**70%** of the scholarship) and extremely needy (**30%** of the scholarship). The objective in both cases is to provide financial assistance and motivate students to aspire higher. Interested undergraduate students will complete an online application form and submit with all relevant supplementary documents. The Governing Board will vet the application forms and select the awardees based on recommendations by UMaT. The exceptional awardees will be selected to be part of the Industry Training Programme as spelt out in Tables 1-10 of the Guiding Principles for the Industry Training Programme. The number of the exceptional students will depend on the request by the member companies of the Chamber. The scholarship application will open by the end of 15th September, 2020 and complete by 15th October, 2020.

***1.1 Eligibility Criteria for Undergraduate Applicants***

To be eligible for the scholarship, the applicant must:

1. Be a Ghanaian according to the Constitution of Ghana, with proof of citizenship;
2. Be a student of UMaT for at least one academic year;
3. Not be a beneficiary of any other full scholarship at the time of application;
4. Be law-abiding and be of good behaviour as stipulated in the UMaT Student Guide;
5. Have a strong academic ability with a minimum CWA of 75% (proof of signed academic record) and a financial need (proof of parents/guardians’ financial position) (**70%** of funds will be in this category). *In special circumstances of extreme and emergency financial need backed by documentary evidence, an applicant with CWA of at least 60% shall be considered (****30%*** *of funds will be in this category).*
6. Apply and submit a *Completed Application Form* for the Scholarship award before the deadline for the submission of the application;
7. Submit only one application, and
8. Undertake to comply with any other criteria that may be set by the GCM-TEF Board at the time of the award or disbursement.

***1.2 Accessing the Scholarship and Important Deadlines***

1. The scholarship is to be accessed online through an application portal set up by the Governing Board with inputs from UMaT.
2. The Counselling and Student Support Unit will liaise with the ICT Unit of UMaT to make the application form available at the UMaT website between 7th and 14th September, 2020.
3. Application will open on 15th September, 2020.
4. Applicants must access and complete the scholarship application form online, and submit the completed form online before the deadline. The application deadline is 15th October, 2020.
5. Incomplete applications and applications submitted after the deadline shall not be considered.
6. The Counselling and Student Support Unit and the UMaT Technical Committee on GCM-TEF will review the application documents and recommend shortlisted applicants to the Governing Board through the Vice Chancellor by 15th November, 2020.
7. Only short-listed applicants may be contacted for interview, and the successful applicants shall be notified by 30th November, 2020.

***1.3 Value of the Scholarship***

1. The average yearly budget for the Scholarship shall be the cedi equivalent of $46,800 and will cover at least 27 applicants depending on their requests.
2. The value of scholarship for one applicant shall not exceed **GH¢** 10,000, and shall cover:
	* Academic Facility User Fee (AFUF) and other approved fees (Partial or Full);
	* Residential Facility User Fee (RFUF) (university approved rates); and
	* Stipend (university approved rates).

***1.4 Payment to Beneficiaries***

Payment of the scholarship amount shall be made through the University, which will deduct the Academic Facility User Fee (AFUF) and other approved fees, and Residential Facility User Fee (RFUF), where applicable, before the rest is reimbursed to the beneficiary for stipend and/or other living allowances.

***1.5 Renewal and Continuity of Scholarship***

The scholarship shall be awarded for one academic year. Renewal of scholarship is not automatic. Renewal and continuation of awards shall be contingent upon maintaining good academic progress, and satisfying all the eligibility criteria. UMaT shall conduct annual assessment of the awardees’ suitability for renewal of the scholarship and recommend for the Governing Board’s approval.

***1.6 Advantage for Visible Minority***

The scholarship is open to all qualified applicants irrespective of gender. However, women and disadvantaged persons (*for example, persons with disability, persons from less endowed communities*) who meet the required criteria would be given preference.

***1.8 Termination of Scholarship***

The scholarship of a beneficiary student may be terminated if the beneficiary:

1. Engages in examination malpractice and/or misconduct of any form as stipulated in the UMaT Student Guide;
2. Is deceased;
3. Is found to be enjoying full scholarship from (an)other organisation(s);
4. Abandons the programme of study;
5. Defers the programme of study ***except for*** special reasons such as on medical grounds;
6. Changes his/her programme of study;
7. Fails to use the scholarship for its intended purposes; and
8. Is found to have provided false information at the time of application or at any point in time. Such a student shall be made to refund all monies paid to him or her from the Fund and face all other sanctions provided in the University Statute, Student Guide and other laws/regulations in respect of false declaration and deceit of public officers.

***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**

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|  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. |
|  12. Programme of Study:Click or tap here to enter text. 13. Current Year of study:Click or tap here to enter text.  14. Year of study for which scholarship is being sought: Click or tap here to enter text. |  15. CWA

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| --- | --- | --- |
| 1st Year | 2nd Year  | 3rd Year  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

 |  16. Name of Academic Tutor: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. |

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|  22. Applicant’s schools attended with dates |
|  | **Full Name of School** | **Town/Region** | **Dates of Attendance** (e.g. 2010-2012) | **Who sponsored you at this level?** |
| **SHS/Tech-Voc** | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| **Tertiary**  | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| **Others**  | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |

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|  23. Please provide the following information on **all** your siblings (Attach separate sheet if necessary). |
| **Surname** | **Other Name(s)** | **Age** | **Level of Education (e.g. none, primary, secondary, tertiary)** | **Occupation / Employment** |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
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| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |

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| 24. Extra-curricular Activities and Special Skills: Click 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 to enter text. | Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. | Click to enter text. |
| b. Please list any special talent(s) you possess.Click to enter text. |

**SECTION B1 – INFORMATION ON FINANCES**

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| 25. Provide the name(s) and address(es) of your sponsor(s), who has/have been responsible for your university education. |
| 1. Name: Click to enter text.
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| Address/Occupation: Click to enter text. |
| Phone Number: Click to enter text. E-mail: Click to enter text. |
| 1. Name: Click to enter text.
 |
| Address: Click to enter text. |
| Phone Number: Click to enter text. E-mail: Click to enter text. |
| 26. Indicate below the amount of money that you expect to be available to you from each of the following sources for the academic year. If you hold a scholarship or bursary, please attach an offer letter or official letter from your sponsor(s) indicating the offer of scholarship(s) and the details of the scholarship(s). |
| Item  | Amount (GH¢) |
| Self-Financing | Click to enter text. |
| Other Sources of Finance | Click to enter text. |
| Parent(s)/Guardian(s) | Click to enter text. |
| Benefactor | Click to enter text. |
| Students Loan Trust Fund (SLTF) | Click to enter text. |
| Scholarship(s) (Please specify) | Click to enter text. |
| Government Disability Fund | Click to enter text. |
| Other (specify) | Click to enter text. |
| TOTAL | Click to enter text. |
| 27. State your average monthly expenditure for last academic year: (GH¢): Click 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 to enter text. |

**SECTION B2 – INFORMATION ON EXPECTED SPONSORSHIP**

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| 31. If you  **have applied or intend to apply** for other types of financial support, please state: Click to enter text. |
| **The type of financial support *(e.g.******Scholarship, bursary, student loan)*** | **The agency to which application has been or will be made (*e.g. Ghana Government, SLTF*)** |
| a. Click to enter text. | Click to enter text. |
| b. Click to enter text. | Click to enter text. |
| c. Click to enter text. | Click to enter text. |

**SECTION B3 – TO BE FILLED BY APPLICANTS WITH DEPENDANTS**

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|  32. Provide the following information on your dependants. |
| **Surname** | **Other Name(s)** | **Age** | **Level of Education** | **Relationship** |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
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| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
|  33. If married, provide the following information about your spouse. |
|  Surname: Click to enter text. Other Name(s): Click to enter text. |
|  Level of Education: Click to enter text. |  Occupation:Click to enter text. |
|  Name and address of Employer: Click to enter text. |
|  Gross Annual Income (Salary and income from other sources. Attach evidence, e.g. payslip): GH¢ Click to enter text. |

**SECTION B4 - SUPPORTING DOCUMENTS**

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| 34. In no more than 500 words, state why you feel you are eligible for the financial support, how the fund will assist you in achieving your dreams and how your programme will benefit society. |
| 35. 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.
2. Academic record.
3. One recommendation letter (Any Senior Office Holder).
4. Any evidence of income of parent/guardian/sponsor (pay slip, tax returns, bank statement, *etc*).
5. Any other supporting documents that you believe will assist in justifying your needy status.

**Declaration****It is important that your eligibility for financial support is based upon accurate information**. I do hereby declare that all the information given above is **true.** |
|  Signature of Applicant:  |  Date: Click or tap to enter a date. |
| **Note**: Misrepresentation in any material 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. |

**SECTION C - (*TO BE COMPLETED BY YOUR SPONSOR (Person(s) responsible for financing the education of the applicant if applicable)***

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|  36. Surname: Click to enter text.  37. Other Name(s): Click to enter text. |  38. Address: Click to enter text. Village/Town/City of residence: Click to enter text.  Region: Click to enter text. |
|  39. E-mail: Click to enter text.  |  40. Phone Number: Click to enter text. |
|  41. Highest education level: Click to enter text. 42. Marital StatusSingle [ ]  Married[ ]  Divorced [ ]  Widowed[ ]  |  43. Relationship to applicant: Click to enter text. |
|  44. Occupation: Click to enter text. |  45. Name and address of employer: Click to enter text. 46. Contact Person: Click to enter text. |
|  47. Please tick the type of accommodation and specify the type of building that you and your family occupy (optional). |
| Own House  |[ ]  Type of building (e.g. Mud, brick, block, *etc.)* Click to enter text. |
| Family House |[ ]   |
| Rented Premises paid for by my employer |[ ]   |
| Rented premises paid for by self |[ ]   |
| Other (specify) |[ ]   |
|  48. Indicate the total number of dependants currently in school: Click to enter text. |
| **Level of education** |  **Number of dependants attending school or learning a vocation at this level** | **Relationship** |
|  Kindergarten/Primary | Click to enter text. | Click to enter text. |
|  JHS | Click to enter text. | Click to enter text. |
|  SHS/Tech/Voc | Click to enter text. | Click to enter text. |
|  Tertiary | Click to enter text. | Click to enter text. |
|  Other  | Click to enter text. | Click to enter text. |
|  **Declaration by Sponsor** |
|  **It is important that your dependent’s eligibility for student financial support be based upon accurate information.** I ………………………………….……………………………………………………………………, the sponsor of (applicant’s name in full) ………………………………………………….………………………….., do hereby declare that all the information given above is true. Signature or thumbprint of **sponsor \_\_\_\_\_\_\_\_\_\_\_\_** DateClick or tap to enter a 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 parents/guardians fellowship, a Legal Practitioner or a Senior Public Officer/Senior Civil Servant. |
|  Name in full: Click to enter text. |
|  Occupation: Click to enter text. |
|  Address: Click to enter text. |
|  Phone Number: Click to enter text. E-mail: Click to enter text. |
|  Signature and Official Stamp: Date: Click or tap to enter a date. |

**RECOMMENDATION FROM UMaT LECTURER**

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| Click to enter text. |
|  This is in support of (Applicant’s name in full): Click to enter text. |
|  Recommender’s name: Click to enter text. Phone number: Click to enter text. |
|  Signature: Date: Click or tap to enter a date. |

**FOR OFFICE USE ONLY**

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***Note: All Completed Forms should be sent to: gcmtef-ug@umat.edu.gh***