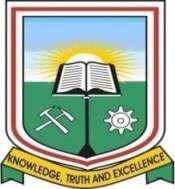
****UNIVERSITY OF MINES AND TECHNOLOGY, TARKWA



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

**(2022/2023 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, and exceptional awardees will be selected to be part of the Industry Training Programme. The number of the exceptional awardees will depend on the request by the member companies of the Chamber. The scholarship application will open by the end of 1st August, 2022 and complete by 22nd August, 2022.

***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 FIRST- or a SECOND-year student of UMaT;**
3. Not be a beneficiary of any other full scholarship that fully covers Academic Facility User Fee (AFUF) and Residential Facility User Fee (RFUF) 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) (at least **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 (at most* ***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 the UMaT website or directly at <https://gcmtef.umat.edu.gh/>.
2. The GCM-TEF of UMaT will liaise with the ICT Unit to open the application by 1st August, 2022.
3. Applicants must access and complete the scholarship application form online, and submit the completed form online before the deadline. The application deadline is 22nd August, 2022.
4. Incomplete applications and applications submitted after the deadline shall not be considered.
5. The GCM-TEF of UMaT will review the application documents and recommend shortlisted applicants to the Governing Board through the Vice Chancellor by 23rd September, 2022.
6. Parents/Guardians may be contacted for further clarification.

***1.3 Value of the Scholarship***

1. The average yearly budget for the Scholarship shall be the cedi equivalent of $46,800 and for this cohort, a maximum of 18 applicants would be covered depending on their requests.
2. The value of scholarship for one applicant shall not exceed **GH¢ 5,000**, and shall cover:
   * Academic Facility User Fee (AFUF) (Partial or Full); and/or
   * Residential Facility User Fee (RFUF) (university approved rates); and/or
   * Stipend.

***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) that fully covers approved fees of the University (AFUF and RFUF and Stipend);
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.

**1.9 Criteria for Selection of Applicants**

The Selection Committee will use the following in selecting applicants for the award:

1. Completed application document as a pre-requisite (incomplete applications/lack of supporting documents will not be considered);
2. Cumulative Weighted Average (CWA) of students not below 75% for brilliant and needy students and 60% for extremely needy students: (maximum mark of 40 to be awarded);
3. Evidence attesting ones’ needs (parent/guardian’s current job, pay-slip, physical state, etc) (maximum mark of 35);
4. Applicant’s letter of motivation (maximum mark of 15); and
5. Recommendation letter (maximum mark of 10).

***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.*

***Note: Convert all files into one pdf document and save it with your official name before submitting. Failure to do this will render your application incomplete.***

**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. 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. | | | | |

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| --- | --- | --- | --- | --- |
| 22. 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** |
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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. |
| b. Please list any special talent(s) you possess.  Click or tap here to enter text. | | |

**SECTION B1 – INFORMATION ON FINANCES**

|  |  |
| --- | --- |
| 24. Provide the name(s) and address(es) of your sponsor(s), who has/have been responsible for your university education. | |
| 1. Name: 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: 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. 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 or tap here to enter text. |
| Other Sources of Finance | Click or tap here to enter text. |
| Parent(s)/Guardian(s) | Click or tap here to enter text. |
| Benefactor | Click or tap here to enter text. |
| Students Loan Trust Fund (SLTF) | Click or tap here to enter text. |
| Scholarship(s) (Please specify) | Click or tap here to enter text. |
| Government Disability Fund | Click or tap here to enter text. |
| Other (specify) | Click or tap here to enter text. |
| TOTAL | Click or tap here to enter text. |
| 26. State your average monthly expenditure for last academic year: (GH¢): Click or tap here to enter text. | |
| 27. What is your fee status?  Fee-Paying  Regular | |
| 28. 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 |
| 29. State the estimated total support being requested for: (GH¢) Click or tap here to enter text. | |

**SECTION B2 - SUPPORTING DOCUMENTS**

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| 30. 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. | |
| 31. 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, 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 one pdf document and save it with your official name before submitting. Failure to do this will render your application incomplete.***  **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: |
| **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)***

|  |  |  |  |
| --- | --- | --- | --- |
| 32. Surname: Click or tap here to enter text.  33. Other Name(s): Click or tap here to enter text. | | 34. 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. | |
| 35. E-mail: Click or tap here to enter text. | | 36. Phone Number: Click or tap here to enter text. | |
| 37. Highest education level: Click or tap here to enter text.  38. Marital Status  Single  Married  Divorced  Widowed | | 39. Relationship to applicant: Click or tap here to enter text. | |
| 40. Occupation: Click or tap here to enter text. | | 41. Name and address of employer: Click or tap here to enter text.  42. Contact Person: Click or tap here to enter text. | |
| 43. Indicate the total number of dependants currently in school: Click or tap here to enter text. | | | |
| **Level of education** | **Number of dependants attending school or learning a vocation at this level** | | **Relationship** |
| Kindergarten/Primary | Click or tap here to enter text. | | Click or tap here to enter text. |
| JHS | Click or tap here to enter text. | | Click or tap here to enter text. |
| SHS/Tech/Voc | Click or tap here to enter text. | | Click or tap here to enter text. |
| Tertiary | Click or tap here to enter text. | | Click or tap here to enter text. |
| Other | Click or tap here to enter text. | | Click or tap here to enter text. |
| **Sponsor’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 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:** 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 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 FACULTY/STAFF**

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

**FOR OFFICE USE ONLY**

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