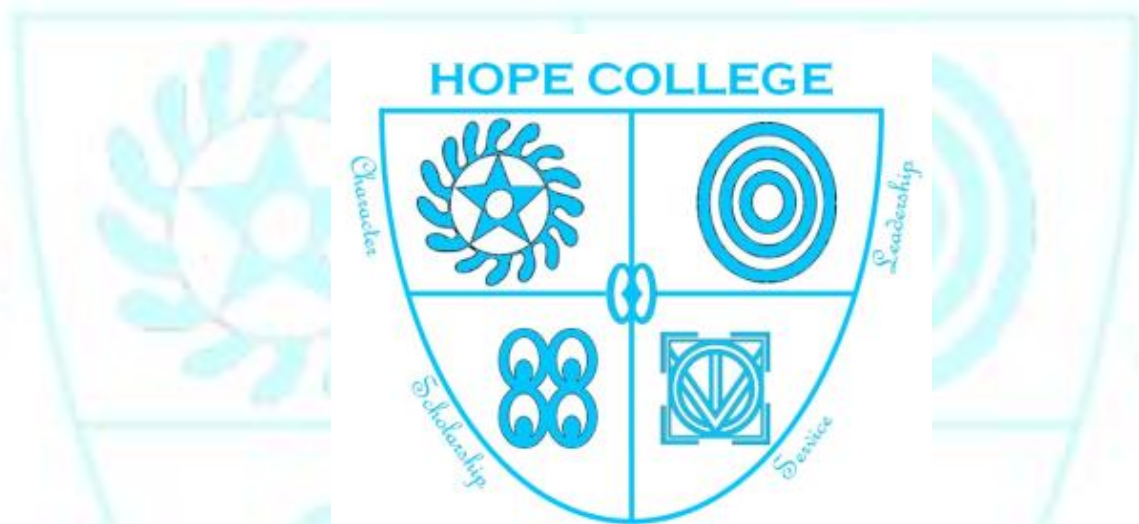


# HOPE COLLEGE SCHOLARSHIP APPLICATION FORM

EDUCATIONAL SPONSORSHIP FOR BRILLIANT BUT NEEDY STUDENTS  
AT HOPE COLLEGE



HOPE COLLEGE, VILLAGE OF HOPE

P. O. BOX GP 18169, ACCRA | [www.thevillageofhope.com](http://www.thevillageofhope.com) | GOMOA FETTEH, CENTRAL REGION, GHANA

## **Eligibility Rules**

An applicant for Hope College Scholarship should meet the following requirements:

1. The applicant should have successfully completed junior high school and obtained 'Aggregate 12' or better in the BECE.
2. Applicant should have satisfied all admission requirements and gained admission to Hope College prior to the application of this scholarship.
3. Applicant should be a brilliant but needy person (orphan, vulnerable or destitute child). The scholarship will be awarded based on both academic merit and the circumstances of the applicant.
4. Students who are already on a scholarship at Hope College are excluded from this scholarship fund.
5. Continuing students who couldn't qualify for the scholarship at the first year but subsequently demonstrate good academic performance and are needy could apply for the scholarship during the second year. Applications from third-year students would not be considered.

## **Deadlines for Submission of Application Form**

### **1. Continuing Students (Second Year Students)**

A week before school resumes for the first term of the academic year under consideration.

### **2. Fresh Students (First Year Students)**

Within one week after gaining admission into Hope College.

*No applications will be accepted from students after the deadlines.*

**Completed forms should be submitted to the following address:**

**The Managing Director,  
Hope College,  
P. O. Box GP 18169.  
Accra.**

**OR**

**Send scanned copies to: [hopecollege.voh@gmail.com](mailto:hopecollege.voh@gmail.com) / [hopecollege@thevillageofhope.com](mailto:hopecollege@thevillageofhope.com)**

AFFIX ONE  
ENDORSED  
PASSPORT  
SIZE  
PHOTOGRAPH  
HERE

## APPLICATION FOR SCHOLARSHIP ( \_\_\_\_\_ Academic Year)

### SECTION A – APPLICANT’S BACKGROUND INFORMATION

*(Complete all questions using **BLOCK** letters only. Please note that your application will not be processed if you leave any questions unanswered)*

1. Full name, as it appears on your documents. Surname: _____ Other Name(s): _____			
2. Date of Birth (e.g. 13 <sup>th</sup> June 1986)	3. Gender (Female/Male)	4. Student ID # (continuing students only)	
5. Place of Birth: Village/Town/ City _____ District _____ Region _____ Country _____		6. Nationality _____	
7. Home Town (This is where you hail/come from): Town: _____ District: _____ Region: _____		8. Have you gained admission into Hope College? (Please tick one) Yes      No	
9. House Address: (where you reside during vacation)		10. Permanent Postal Address:	
11. Personal Mobile number:		12. Personal Email Address:	
13. Address to which correspondence <b><u>regarding this application</u></b> should be sent:			
14. Academic Programme of Study (e.g. Science, Business, Home Economics, Gen. Arts)		16. Year and Level of Study (e.g.2020 - Form 1/Form 2)	18. Entrance Exam Scores • Maths  • English  • Int. Sci.
		15. Elective Subjects Offered: (e.g. Elective Maths, History, Financial Accounting, etc)	
		19. Date Exam was written:	

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**Information on your parents/guardian.**

20. Father's Name: Surname: _____ Other Name(s): _____ Alive/Deceased (Tick one)		
21. Occupation:	22. Postal Address:	23. Mobile number:
24. Mother's Name: Surname: _____ Other Name(s): _____ Alive/Deceased (Tick one)		
25. Occupation:	26. Postal Address:	27. Mobile number:
28. Name of Guardian (In case applicant doesn't live with parents or are deceased) Surname: _____ Other Name(s): _____		
29. Occupation	30. Postal Address:	31. Mobile number:

**32. Schools attended with dates (applicant)**

	<b>Full Name of School</b>	<b>Town/District/Region</b>	<b>Dates of Attendance</b> (e.g. 2001-2003)	<b>Who was responsible for your education expenses and general upkeep at this level?</b>
Primary				
JHS				

**33. Provide the following details about your BECE results (Please attach your results to the application)**

<b>EXAM</b>	<b>Year of Examination</b>	<b>Candidate Index Number</b>	<b>*Total Aggregate Score</b>
BECE			

**\*NOTE:** The total aggregate score is the best six subjects including Mathematics, Integrated Science and English Language.

**SECTION B**

34. In not more than 500 words, state why you think you are eligible for the financial support. (Submit this essay on a separate sheet)

35. Please **submit** the following documents as may be applicable to you (do not send the originals of any documents unless they are requested for)

- Photocopy of BECE results
- Photocopy of terminal results
- Photocopy of admission letter if you have been newly admitted to Hope College
- Any other supporting documents that you believe will assist in the processing of your application.

**Declaration by Applicant**

**It is important that your eligibility for financial support be based upon accurate information.**

I ..... do hereby declare that all the information given above is true. I understand that any form of misrepresentation of information renders the application null and void. I am also aware that any award made based on such misrepresentation shall be withdrawn or refunded by the applicant, and he/she may be prosecuted. The truth, rather than lies, will get you financial support.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**SECTION C - (TO BE COMPLETED BY PARENT/GUARDIAN – Person so far responsible for care of the applicant)**

36. Full Name Surname: _____ Other Name(s): _____		37. Address:  38. Telephone number: _____
39. Place of residence: _____	District: _____	Region of residence: _____
40. Occupation: _____	41. Name and address of employer:  Mobile number of employer (If Applicable): _____	

42. Annual Total Gross Income (GH¢):

(Salary and income from **other sources**. Please substantiate with a recent official salary slip, pension slip or audited financial statement. If unemployed, please attach a sworn affidavit and declare how you survive and your sources of funds for survival). **Please note that this information is necessary and if not provided, the application shall not be processed further.**

43. **Other sources of income (GH¢):**

Pension:

Investment interest:

Income from rent:

Contributions from other sources:

Earnings from taxi, passenger cars, corn mill, farming activities, petty trading, remittances from family members etc.:

44. What is your relationship to the applicant? (Tick applicable option)

<input type="checkbox"/>	Father
<input type="checkbox"/>	Mother
<input type="checkbox"/>	Uncle
<input type="checkbox"/>	Aunt
<input type="checkbox"/>	Brother
<input type="checkbox"/>	Sister
<input type="checkbox"/>	Other (Specify) _____

45. What is your highest level of Education? (Tick applicable option)

<input type="checkbox"/>	Tertiary	<input type="checkbox"/>	JSS	<input type="checkbox"/>	Primary
<input type="checkbox"/>	Secondary	<input type="checkbox"/>	Middle School	<input type="checkbox"/>	No Formal Education

46. What is your occupational status? (Tick applicable option)

<input type="checkbox"/>	Currently Employed	<input type="checkbox"/>	Retired
<input type="checkbox"/>	Self Employed	<input type="checkbox"/>	Unemployed

47. SSNIT Number (if applicable)

<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"/>	<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"/>
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48. a. Type of ID card: ..... b. ID number: .....

49. Provide information on your dependants if any.

Surname	Other Name(s)	Relationship	Age	Educational Level




50. Indicate total amount paid in fees and other related expenses per year for dependants at each level of education.

Level of Education	Number of dependants attending school at this level	Total amount paid in the last year (GH¢)
Kindergarten/Primary		
JSS		
SSS/Tech-Voc.		
Tertiary		
Other		
<b>TOTAL</b>		

## SECTION D

### **DECLARATION TO BE SIGNED BY EITHER PARENTS OR GUARDIANS**

**It is important that your dependant’s eligibility for financial support be based upon accurate information.**

I ..... do hereby declare that all the information given above is true. I understand that any form of misrepresentation of information renders the application null and void. I am also aware that any award made based on such misrepresentation shall be withdrawn or refunded by the applicant, and he/she may be prosecuted. The truth, rather than lies, will get you financial support.

Signature or thump print of **parent/guardian** \_\_\_\_\_ Date \_\_\_\_\_

Hope College reserves the right to cancel the applicant’s application if false or incorrect information is supplied.

*Thank you for your cooperation. Together, we can ensure that the right needy but brilliant students get financial support, and that the integrity of the Hope College is preserved.*

# HOPE COLLEGE

## FOR OFFICE USE ONLY

Applicants Total Score of Aptitude Test	Score (%)	Remarks (Tick one)	
		Qualified	Not Qualified

General Comments:

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