



CSIR COLLEGE OF SCIENCE AND TECHNOLOGY

CCST – MAG SCHOLARSHIP APPLICATION FORM

2021/2022 ACADEMIC YEAR

SECTION A –APPLICANT’S BACKGROUND INFORMATION (Complete all questions using **BLOCK/CAPITAL** letters only. Where it is **not applicable** indicate **NA**. **Your application will not be processed if you leave any question unanswered**)

1. Full Name, as it appears on your documents. Surname: _____ Other Name(s) _____												
2. Date of Birth (DDMMYYYY)	3. Gender (Male/Female)	4. Admission Number <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>										
5. Place of Birth (Village/Town/City):	6. Nationality:	7. Telephone Number(s):										
8. Permanent Address (where you normally reside, where you call home. Do not provide Post Office Box number):	9: District of Origin:	10. Email Address										
	11: Home Town:	13. Academic Programme of Study:										
12. Address to which correspondence regarding this application should be sent:		14. Level (MSc/MPhil/PhD):										
15. Which Department in the College:	16. Campus:	17. Are you currently employed: YES <input type="checkbox"/> NO <input type="checkbox"/>										
18. If answer to Q17 is YES, please indicate the name of your Employer.	19. Are you under any bond: YES <input type="checkbox"/> NO <input type="checkbox"/>	20: If answer to Q19 is YES, please attach a copy of bond. Attached <input type="checkbox"/> NA <input type="checkbox"/>										
18b Employer’s Address:	18c Employer’s Contact No.	18d Employer’s Signature:										
21. Type of award applied for. Bursary <input type="checkbox"/> Partial Scholarship <input type="checkbox"/>	22. Have you held a scholarship before YES <input type="checkbox"/> NO <input type="checkbox"/>											
	23. Type of Scholarship:											

24. Duration of Scholarship:	25. Course for which scholarship was awarded:	
26. Name of Witness	27. Address of Witness	28. Telephone Number(s) of Witness
	29. Witness Email:	
30. Witness' Signature:		
<p>31. Declaration by Applicant:</p> <p>I certify that the information given by me in this application is to the best knowledge, accurate and that in accepting this award, I undertake to abide by the terms and conditions.</p> <p>Date:.....Signature:.....</p>		
OFFICIAL USE		
1. Name of Officer Vetting application:	2. Designation:	
<p>3. Recommended for a. Partial Scholarship <input type="checkbox"/> b. Bursary <input type="checkbox"/></p> <p>e. Not Recommended <input type="checkbox"/></p>		
3b. Reasons for recommendation		
4. Total amount involve based on recommendation above GH¢		
Date:.....Signature:.....		
APPROVAL BY		
Based on recommendation above, I authorize the award of Partial Scholarship/Bursary/ to applicant		
Date:.....Signature:.....		
College President		