

IN THE NAME OF ALLAH, THE MOST GRACIOUS, THE MOST MERCIFUL.



**ZAKAT & SADAQA TRUST FUND OF GHANA**  
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## EMPOWERMENT SUPPORT SCHEME

### 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. <b>FULL NAME</b> , as it appears on your documents. <b>Surname:</b> _____ <b>Other Name(s):</b> _____		
2. <b>DATE OF BIRTH</b> (20 May 1997)	3. <b>GENDER</b> (Female/Male)	4. <b>TYPE OF BUSINESS</b>
5. <b>PLACE OF BIRTH:</b> Village/Town/ City _____ Region _____ District _____		6. <b>NATIONALITY</b>
7. <b>HOME TOWN</b>	8. <b>DISTRICT</b>	9. <b>REGION</b>
10. <b>BUSINESS LOCATION :</b> ( where business will take place E. G. Hse # 45 Okai Lane Madina, etc.)  <b>Region:</b> _____ <b>District:</b> _____		11. <b>PERMANENT HOME ADDRESS:</b> (where you reside. <u>Do not provide</u> a Post Office Box number).  <b>Region:</b> _____ <b>District:</b> _____
12. <b>CONTACT (S)</b>  Telephone#: _____  Email: _____		Telephone#: _____  Alternative Email: _____
13. <b>LEVEL OF EDUCATION</b>  Do you have an educational background?		Yes <input type="checkbox"/> No <input type="checkbox"/>

**IF YES (LEVEL OF EDUCATION CONTINUE)**

EDUC	Full Name of School	Town/District /Region	Date of Attendance (e.g. 2001-2003)	Who paid for your education and upkeep at this level?
Primary				
JHS				
SHS				
Tech/Voc Schl				
Other				

**SECTION B1– INFORMATION ON FINANCES**

14. Indicate below the amount of money **that you were able to raise from sources for the business.**

Personal	GH¢
Family support	GH¢
Friends	GH¢
Other (specify)	
1	GH¢
2	GH¢
<b>TOTAL FUNDS</b>	GH¢

15. **HOW MUCH FUNDING DO YOU REQUIRE TO START WITH?**

GH¢

**SECTION B2 - APPLICANT'S EMPLOYMENT HISTORY (If applicable)**

(This section is also applicable to those who have been into business before)

<b>16. PERIOD OF EMPLOYEMENT (dd/mm/yy).</b>  From _____ to _____	
<b>17. LOCATION, ADDRESS OF PREVIOUS BUSINESS.</b>  	
18. How much Were you getting as profit at end of day, week or month?	19. State your total <u>gross</u> income (Salary and income from other sources) per year ( <b>GH¢</b> ).

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

**20. PROVIDE THE FOLLOWING INFORMATION ON YOUR DEPENDANTS.**

Surname	Other Name(s)	Age	Level of Education	Relationship	Contact

**21. IF MARRIED, PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR SPOUSE.**

<b>FULL NAME:</b> Surname _____ Other Name(s): _____	
Level of Education _____	Occupation _____
Name and address of Employer _____	
Annual Gross Income (Salary and income from other sources) _____	

**SECTION C- ( TO BE COMPLETED BY PARENT/LEGAL GUARDIAN – Person supporting your finances**

<b>22. Full Name Surname:</b>		<b>23. Address.</b>						
<b>Other Name(s):</b>		<b>Telephone #</b>						
<b>24. District of Residence:</b>			<b>25. Region of Residence:</b>					
<b>26. Occupation.</b>			<b>27. Name and address of employer.</b>					
<b>28. What is your relationship the applicant? (Please Tick)</b>		Father	Mother	Uncle	Aunty	Brother	Sister	Other
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**29. HIGHEST LEVEL OF EDUCATION? (Please Tick)**

1. Tertiary	<input type="checkbox"/>	3. Middle School	<input type="checkbox"/>	5. Primary	<input type="checkbox"/>
2. Secondary	<input type="checkbox"/>	4. JSS	<input type="checkbox"/>	6. No Formal Education	<input type="checkbox"/>

**30. ARE YOU:**

Currently Employed	<input type="checkbox"/>	Retired	<input type="checkbox"/>
Self Employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Other (specify)			

**31. PROOF OF NATIONALITY**

Ghana Card Number	
Passport Number	
Voter ID Card Number	
SSNIT Number	
Driver's License Number	

**32. Please tick the type of accommodation that you and your family occupy.**

<input type="checkbox"/>	Own House	<input type="checkbox"/>	Family House
<input type="checkbox"/>	Rented Premises paid for by my employer	<input type="checkbox"/>	Rented premises paid for by self
<input type="checkbox"/>	Other (specify)		

**SECTION D-ADDITIONAL INFORMATION**

22. You may provide **additional** information to support this application  
Please **submit** the following (do not send the originals of any documents):

- Evidence of registration of business
- Estimate for Business Proposal
- Current two passport size photo of (applicant, recommending authority and witnesses
- Documents/evidence to establish the relationship with siblings and or dependants as the case may be. (E.g. Passport, birth certificate, NHIS etc.)
- 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 medical financial aid be based upon accurate information.**

**I,.....TESTIFY  
THAT INFORMATION PROVIDED IN THIS FORM, ARE THE TRUE DESCRIPTION  
OF MY IDENTITY AND CIRCUMSTANCES AND THAT IN THE EVENT THAT THE  
ZAKAT AUTHORITY IS ABLE TO ESTABLISH THAT ANY OF THE INFORMATION  
PROVIDED ABOVE IS FALSE, I SHALL BE DISQUALIFIED AND THAT I SHALL  
REFUND ANY MONEY OR MATERIAL SUPPORT RECEIVED FROM THE FUND AND  
MAY BE LIABLE TO PROSECUTION IN A COURT OF COMPETENT  
JURISDICTION.**

**SIGNATURE/ THUMBPRINT..... 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. The truth, rather than lies, will get you Financial Aid. The Zakat and Sadaqa Trust Fund of Ghana reserves the right to cancel the applicant’s application if false or incorrect information is supplied.*

**DECLARATION TO BE SIGN BY WITNESSES**

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

I do hereby declare that all the information given above is true and made in good faith.

Name of **First Witness** \_\_\_\_\_ Position \_\_\_\_\_

Signature of **witness** \_\_\_\_\_ Date \_\_\_\_\_

Contact of **witness** \_\_\_\_\_ Address \_\_\_\_\_

Home Address \_\_\_\_\_ Contact \_\_\_\_\_

**RECOMMENDING AUTHORITY (VERY IMPORTANT)**

(E.g. Area Imam, District Imam, Regional Imam, Chiefs Etc. who knows you.)

**NAME**.....

**POSITION/TITLE**.....

**CONTACTS**.....

**ADDRESS (HOME LOCATION)**.....

**COMMENTS**.....

**SIGNATURE/THUMP PRINT AND OFFICIAL STAMP**.....**DATE**.....

*Thank you for your cooperation. Together, we can ensure that the right applicant's get financial support, and that the integrity of the Zakat and Sadaqa Trust Fund Financial Aid program is preserved.*

**FOR OFFICE USE ONLY**

**APPROVING AUTHORITY**

**PROJECT OFFICER**.....

**FINANCE OFFICER**.....

**CHIEF EXECUTIVE OFFICER**.....

**BOARD OF TRUSTEES**.....