

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



**ZAKAT & SADAQA TRUST FUND OF GHANA**  
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**Office location: B Plaza Building, Third Floor Accra Newtown,  
Nima Junction**

**MEDICAL SUPPORT SCHEME**

**ZSTFG-FORM 2015**

**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 (e.g. 20 May 1997)	3. Gender (Female/Male)	4. Type of sickness
5. Place of Birth: Village/Town/ City District _____ Region _____	6. Nationality	
7. Home Town	8. District	9. Region
10. Address :( where you will live when discharged from the hospital/ clinic e.g. Hse # 45 Okai Lane Madina, etc.)	11. Permanent Home Address: (where you normally reside, where you call home. <u>Do not provide</u> a Post Office Box number).  District: _____ Region: _____	
Telephone#:	Telephone#:	
Email:	Alternative Email:	
12. Address to which correspondence <b>regarding this application</b> should be sent:		13. Date admitted

18. Schools attended with dates **(if applicable)**

	<b>Full Name of School</b>	<b>Town/District /Region</b>	<b>Dates of Attendance</b> (e.g. 2001-2003)	<b>Who paid for your education and upkeep at this level?</b>
Kg/ Nursery				
Primary				
JHS				
SHS (Provide full address)				
Tech/Voc. Inst. (Provide full address)				
Other				

**SECTION B 1– INFORMATION ON FINANCES**

21. Indicate below the amount of money **that you were able to rise from sources for the treatment.**

Personal	<b>GH¢</b>
Family support	<b>GH¢</b>
Friends	<b>GH¢</b>
Other (specify)	
1.	<b>GH¢</b>
2.	<b>GH¢</b>
3.	<b>GH¢</b>
4.	<b>GH¢</b>
5.	<b>GH¢</b>
<b>TOTAL</b>	<b>GH¢</b>

22. How much funding do you require? This amount is the **difference** between your **total estimated expenses** (question 21) and what **you expect will be available** to you from the sources indicated (question 21).

<b>GH¢</b>
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**SECTION B 4 - APPLICANT'S EMPLOYMENT HISTORY (If applicable)**

(This section is also applicable to those who are working before got sick)

30. Period of Employment (dd/mm/yy). From _____ to _____	
31. Name, address and contact information of current or last employer.	
32. Were you be on salary before the sickness?	33. State your total <u>gross</u> income (Salary and income from other sources) per year (GH¢).
34. Will you continue the work when you get well?	

**SECTION B 5 – TO BE FILLED BY APPLICANTS WITH DEPENDANTS**

35. Provide the following information on your dependants.

Surname	Other Name(s)	Age	Level of Education	Relationship

36. If married, provide the following information about your spouse.

Full Name: Surname		Other Name(s):	
Level of Education		Occupation	
Name and address of Employer.			
Annual Total Gross Income (Salary and income from other sources. Attach evidence)			

**SECTION B 6 - ADDITIONAL INFORMATION**

37. You may provide **additional** information to support this application. This information can include medical record from the hospital or clinic.

Please **submit** the following (do not send the originals of any documents):

- Evidence of income of parent/guardian. (If applicable)
- Current four passport size photo of (applicant, parent/guardian and witness)
- 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**

**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 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.*

**SECTION C 1 - (TO BE COMPLETED BY PARENT/LEGAL GUARDIAN – person so far responsible for financing the education of the applicant)**

<b>38. Full Name Surname:</b> ----- ----- <b>Other Name(s):</b> ----- -----	<b>39. Address.</b>   <b>Telephone #</b>
<b>40. District of residence:</b>	<b>40b. Region of residence:</b>
<b>41. Occupation.</b>	<b>41b. Name and address of employer.</b>
<b>42. Annual Total Gross Income. (GH¢)</b> <input style="width: 100px;" type="text"/> <p>(Salary and income from <b>other sources</b>. 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). <b><i>Please note that this information is necessary and if not provided the ZSTF will disqualify your application.</i></b></p> <p><b><u>Other income that you receive from any of the under listed sources:</u></b></p> <p>Pension :                  Investment returns :                  Rental income:                  Contribution from others sources :                  (Earnings from taxi, passenger cars, corn mill, farming activities, petty trading, remittances from family etc.). :</p>	

**43. What is your relationship to the applicant?**

	Father
	Mother
	Uncle
	Aunt
	Brother
	Sister
	Other (Specify). <input style="width: 200px;" type="text"/>

**44. What is your highest level of Education?**

Tertiary	JSS	Primary	
Secondary	Middle School	No Formal Education	

45. **Are you:**

Currently Employed		Retired	
Self Employed		Unemployed	
Other			

46. SSNIT Number (if applicable)

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47. National Health Insurance Number .....

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

	Own House
	Family House
	Rented Premises paid for by my employer
	Rented premises paid for by self
	Other (specify)

**49. Provide information on your dependants.**

Surname	First Name(s)	Relationship	Age	Educational Level	Contacts

50. How much are you prepared to pay towards the fees and upkeep of your ward for the current academic year?

<b>GH¢</b>
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**SECTION C 2 - TO BE COMPLETED BY YOUR SECOND PARENT**

<b>51. Full Name</b> Surname:                      Other Name(s)		<b>52. Address.</b>	
		<b>Telephone #</b>	
<b>54. District of residence.</b>		<b>Region of residence.</b>	
<b>55. Occupation.</b>	<b>Name and address of employer.</b>		
<b>56. Annual Total Gross Income (Salary and income from other sources) (GH¢).</b>			

57. SSNIT Number (if applicable)

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58. National Health Insurance Number .....

59. What is your relationship to the applicant

	Father
	Mother

**DECLARATION TO BE SIGNED BY BOTH PARENTS OR GUARDIAN**

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

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

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

Signature or thump print of **second parent** \_\_\_\_\_ Date \_\_\_\_\_

Name of **witness** \_\_\_\_\_ Position \_\_\_\_\_

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

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

**DOCTOR RECOMMENDATION** (Doctor in charge)

**NAME**.....

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

**DEPARTMENT**.....

**HOSPITAL/CLINIC NAME**.....

**HOSPITAL/CLINIC LOCATION**.....

**ADDRESS**.....

**CONTACTS**.....

**COMMENTS**.....

**SIGNATURE/THUMP PRINT AND OFFICIAL STAMP**.....**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 also may be prosecuted.

The Zakat and Sadaqa Trust Fund of Ghana 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 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 AND ADMINISTRATION**.....

**EXECUTIVE SECRETARY**:.....

**CHAIRMAN, BOARD OF TRUSTEES**:.....



