



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

ZAKAT & SADAQA TRUST FUND OF GHANA

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ZSTFG- SCHOLARSHIP FORM

PHOTO

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. May 20, 1997)		3. Gender (Male/Female) Male <input type="checkbox"/> Female <input type="checkbox"/>	
4. Place of Birth: Village/Town/ City _____ Region _____ District _____		5. Nationality: _____	
6. Home Town: _____		7. Region _____	8. District _____
9. Permanent Home Digital Address: (where you reside, where you call home. <u>Do not provide</u> Postal address). Region: _____ District: _____			
Telephone#: _____ Telephone# _____ :		Email _____ : Alternative Email: _____	
10. Correspondence Address: _____			
11. Programme of Study (e.g. BA, BSc, etc.) ----- COURSES: (e.g. Administration, Psychology, etc. where applicable) -----		12. SHS GRADE (Best six subjects)	
13. Siblings: Please provide the following information on all your siblings (USE THE BACK OF THE SHEET IF NECESSARY).			
Surname	First Name(s)	Age	Education Level

13. Schools attended with dates:				
Level Of Education	Full Name of School/Address	Town/District/Region	Dates of Attendance (e.g. 2001-2003)	Who paid your fees and upkeep at this level?
SHS				
Tech/Voc. Inst.				
JHS				
Primary				
Other				
14. Indicate the mode by which you gained admission to the institution.				
MODE	MONTH/YEAR	Candidate Index Number	*Total Aggregate Score/ CGPA	
BECE				
SSSCE/WASSCE				
A LEVEL				

SECTION B 1 – INFORMATION ON FINANCES

15. Indicate below the amount of money that you expect from each of the following sources:	
Sources of Income	Amount (GH₵)
Personal	
Parents/Guardian	
Benefactor	
Part-Time Employment	
Other (Specify)	
TOTAL	

SECTION B 2 – INFORMATION ON SPONSORSHIP

16. Other Sponsorship: If you have applied or intend to apply for other types of financial support for the 2020/2021 year please state:		
The type of financial support (e.g. Scholarship, bursary, etc)	Amount (GH₵)	The agency to which application has been, or, will be made (e.g. Ghana Government, SSNIT, MTN)
a.		

b.			
c.			
17. If you have been promised financial support for the 2020/2021 academic year from any Body/ Organization, Benefactor, or Individual please provide:			
Name and address of the Body/Organization/Benefactor/Individual			The amount in financial support (GH¢)
a.			
b.			
18. Provide the name and address of the organization, which has up to date been responsible for your education (If applicable).		19. Will the said sponsor <u>continue</u> to provide financial support for your education?	
		20. If YES what is the expected total amount of sponsorship per year? GH¢ _____	
21 Are you an orphan(lost both parents) Single parent indicate if father or mother is deceased			

SECTION B 3 - FOR STUDENTS WITH DISABILITIES

22a. Type of Disability (e.g. blindness)	22b. Do you qualify to receive Government Bursary for disability?
22c. Percentage of Disability (if known)?	22d. How much in scholarship do you expect to receive? GH¢ _____

SECTION B 4 - APPLICANT'S EMPLOYMENT HISTORY (If applicable)

(This section is also applicable to those who worked during the one-year period after SHS)	
23. Period of Employment (dd/mm/yy). From _____ to _____	
24. Name, address and contact information of current or last employer.	

25. Will you be on salary during the period of your studies?	26. State your total <u>gross</u> income (Salary and income from other sources) per year (GH¢).
27. Will you be expected to serve a bond after completing your studies at Zakat and Sadaqa Trust Fund?	

SECTION B 5 – TO BE FILLED BY APPLICANTS WITH DEPENDANTS

28. Provide the following information on your dependants				
Surname	Other Name(s)	Age	Level of Education	Relationship
29. If married, provide the following information about your spouse.				
Surname:		Other Name(s):		
Level of Education			Occupation	
Name and address of Employer:				
Annual Gross Income (Salary and income from other sources) Attach evidence				

SECTION B 6 - ADDITIONAL INFORMATION

30. You may provide **additional** information to support this application. This information can include awards received, information on others who help sponsor your education, and other information on your financial situation. (Additional paper may be used if required)

SECTION B7 – ESSAY

31. Please attach any two separate essays telling us
1. Why you feel you should be considered for this scholarship.
 2. How after your graduation, you will make a difference in the Muslim community in Ghana through the Zakat and Sadaqa Trust Fund.
 3. How do you feel the Zakat and Sadaqa Trust Fund can be improved
- Note: Essay should not be more than one typed pages each.**

ACTACHEMENTS

Please **submit** the following in addition to the form:

- certified copy of result slip
- Any identification card.
- Current **ONE** 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, etc.)
- Any other supporting documents that you believe will assist in the processing of your application.

DECLARATION BY STUDENT

It is important that your eligibility for Zakat and Sadaqa Trust Fund student scholarship 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 the scholarship award.

SECTION C 1 - TO BE COMPLETED BY PARENT/GUARDIAN

Person so far responsible for financing the education of the applicant	
32. Full Name: Surname:, Other Name (s):	33. Address. Telephone #:
34a. Region of Residence:	34b. District of residence:
35a. Occupation	35b. Name and address of employer

35c. Annual Total Gross Income. (GH¢)		GHc
Other income Sources:		GHc
Pension :		GHc
Investment returns :		GHc
Rental income :		GHc
Contribution from others sources :		GHc
(Earnings from taxi, passenger cars, corn mill, farming activities, petty trading, remittances from family etc.). :		

36. What is your relationship to the applicant? Please tick	
<input type="checkbox"/> Father	<input type="checkbox"/>
<input type="checkbox"/> Mother	<input type="checkbox"/>
<input type="checkbox"/> Uncle	<input type="checkbox"/>
<input type="checkbox"/> Aunt	<input type="checkbox"/>
<input type="checkbox"/> Brother	<input type="checkbox"/>
<input type="checkbox"/> Sister	<input type="checkbox"/>
<input type="checkbox"/> Other (Specify).	<input type="checkbox"/>

37. What is your highest level of Education? Please Tick			
<input type="checkbox"/> Tertiary	<input type="checkbox"/> JSS	<input type="checkbox"/> Primary	<input type="checkbox"/>
<input type="checkbox"/> Secondary	<input type="checkbox"/> Middle School	<input type="checkbox"/> No Formal Education	<input type="checkbox"/>

38. Are you: Please Tick			
<input type="checkbox"/> Currently Employed	<input type="checkbox"/> Retired	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Self Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other			

39. SSNIT Number (if applicable)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				

40. Please tick the type of accommodation that you and your family occupy.		Tick Please
<input type="checkbox"/> Own House	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Family House	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rented Premises paid for by my employer	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rented premises paid for by self	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

41. Provide Information on your Dependants				
Surname	First Name(s)	Relationship	Age	Educational Level

42. How much are you prepared to cater for the expenses that the scholarship does not cover?

GH¢

SECTION C 2 - TO BE COMPLETED BY SECOND PARENT

43. Full Name		44. Address	
		Telephone #	
45. Region of residence.		46. District of residence.	
47. Occupation.	48. Name and address of employer.		
49. Annual Total Gross Income (Salary and income from other sources) (GH¢).			
50. SSNIT Number (if applicable)			
51. What is your relationship to the applicant			Tick Please
Father			
Mother			
Uncle			
Aunt			
Brother			
Sister			
Other (Specify).			

DECLARATION TO BE SIGNED BY BOTH PARENTS OR GUARDIAN

It is important that your dependant's eligibility for the scholarship award 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 _____

RECOMMENDING AUTHORITY (VERY IMPORTANT)

(E.g. Area Imam, District Imam, Regional Imam, Chiefs of your area who knows you very well)

NAME.....

POSITION/TITLE.....

CONTACTS.....

DIGITAL ADDRESS SYSTEM (HOME LOCATION).....

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 reserve 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 students get scholarship support, and that the integrity of the Zakat and Sadaqa Trust Fund Students scholarship award program is preserved.

FOR OFFICE USE ONLY

APPROVING AUTHORITY

PROJECT OFFICER.....

CHIEF EXECUTIVE OFFICER:

EDUCATION SUB-COMMITTEE.....