

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



ZAKAT & SADAQA TRUST FUND OF GHANA
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EDUCATIONAL SUPPORT



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. Student ID # <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> </tr> </table>								
5. Place of Birth: Village/Town/ City _____ District _____ Region _____	6. Nationality _____									
7. Home Town _____	8. District _____	9. Region _____								
10. School Term Address:(where you will live when school is in session e.g. Room 3 Volta Hall, Hse # 45 Okai Lane Madina, Room 7A AGES-ABBA Hostel, Bawaleshie 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#: _____ Email: _____	Telephone#: _____ Alternative Email: _____									
12. Address to which correspondence regarding this application should be sent:		13. Level of Study for (e.g. fresher, Level 200) -----								
14. Academic Programme of Study (e.g. BA, BSc, etc.) ----- COURSES: (e.g. Economics, Sociology, Maths etc. where applicable) -----	15a. School _____	16. GRADE to the best of your knowledge.								

17. Please provide the following information on **all** your siblings and provide supporting documents to authenticate this. (USE THE BACK OF THE SHEET IF NECESSARY).

Surname	First Name(s)	Age	Education Level

18. Schools attended with dates

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

19. 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			
Diploma*			
Mature Students Exam			

*NOTE: please attach your transcript of your academics of the institution.

SECTION B 1– INFORMATION ON FINANCES

21. Indicate below the amount of money that you expect will be available to you from each of the following sources for the academic year.

Personal	GH¢
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Parents/ Guardian (if you are not employed and do not expect any money from your parents/guardian, please attach a sworn affidavit from them explaining why they will not give you anything towards your educational expenses).	GH¢
Benefactor	GH¢
Part-time employment	GH¢
SSNIT / SLTF student loan	GH¢
Scholarship (specify)	GH¢
Other (specify)	GH¢
TOTAL	GH¢

22. How much funding do you require? This amount is the **difference** between your **total estimated expenses** (question 20) and what **you expect will be available** to you from the sources indicated (question 21).

GH¢

SECTION B 2 – INFORMATION ON SPONSORSHIP

24. If you **have applied or intend to apply** for other types of financial support for the year please state:

The type of financial support (e.g. Scholarship, bursary, student loan)	Amount (GH¢)	The agency to which application has been, or, will be made(e.g. Ghana Government, SSNIT, SLTF, MTN)
a.		
b.		
c.		

25. If you **have been promised** financial support for the 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.	

26. Provide the name and address of the organization, which has up to date been responsible for your education (If applicable).	27. Will the said sponsor <u>continue</u> to provide financial support for your education?
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	28. If YES what is the expected total amount of sponsorship per year? GH¢ _____
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SECTION B 3 - FOR STUDENTS WITH DISABILITIES

29a. Type of Disability (e.g. blindness)	29b. Do you qualify to receive Government Bursary for disability?
29c. Percentage of Disability (if known)?	29c. 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)

30. Period of Employment (dd/mm/yy). From _____ to _____	
31. Name, address and contact information of current or last employer.	
32. Will you be on salary during the period of your studies?	33. State your total <u>gross</u> income (Salary and income from other sources) per year (GH¢).
34. Will you be expected to serve a bond after completing your studies?	

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	Middle	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 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 (Not more than two typed pages each).

Please attach two separate essays telling us

1. Why you feel you should be considered for the support.
2. How after your graduation, you will make a difference in the Muslim community in Ghana.
3. How do you feel the Zakat and Sadaqa Trust Fund can be improved

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

- Admission letter.
- Copy of current academic transcript and student ID card.
- Current one passport size photo of (applicant, parent/guardian and witness
- Any other supporting documents that you believe will assist in the processing of your application.

Declaration

It is important that your eligibility for student 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

	Other (Specify).
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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.

<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)

49. Provide information on your dependants.

Surname	First 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 and provide proof of current attendance (Attach previous school bills and receipts):

51.

Level of Education	Number of dependants of school going age	Total Amount Paid per year (GH¢)
Kindergarten/Primary		
JSS		

SSS/Tech-Voc.		
Tertiary		
Other		
TOTAL		

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

GH¢

SECTION C 2 - TO BE COMPLETED BY YOUR SECOND PARENT

53. Full Name			54. Address.
Surname:	Middle	Other Name(s)	Contact
54. District of residence.		Region of residence.	
55. Occupation.		Name and address of employer.	
56. Annual Total Gross Income (Salary and income from other sources) (GH¢).			

57. SSNIT Number (if applicable)

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58. What is your relationship to the applicant

DECLARATION TO BE SIGNED BY BOTH PARENTS OR GUARDIAN

It is important that your dependant's eligibility for student 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 _____

RECOMMENDING AUTHORITY (VERY IMPORTANT)

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

NAME.....

INSTITUTION.....

POSITION.....

CONTACT

COMMENT.....

.....

.....

SIGNATURE 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 students get financial support, and that the integrity of the Zakat and Sadaqa Trust Fund Students Financial Aid program is preserved.

FOR OFFICE USE ONLY

PROJECT OFFICER.....

FINANCE AND ADMINISTRATION.....

CHIEF EXECUTIVE OFFICER.....