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## **BUTT-TIS BUURI SCHOLARSHIP FUND**

### **APPLICATION FORM FOR 2023/2024 ACADEMIC YEAR**

#### **INSTRUCTIONS/ELIGIBILITY & GENERAL INFORMATION FOR APPLICANTS:**

##### ***Basic Criteria***

1. Applicants must come from Kusaug Toende Area ( Bawku West District ).
2. Applicants must have their **WASSCE or NAPTEX** or their equivalent results from an accredited/recognized institution ready at the time of application.
3. Applicants' results must be qualified for a public University/Technical university or training college's Admission.
4. Applicants must be brilliant but needy.

##### ***Secondary Criteria***

1. The applicants' parents/family should be ready to take up other educational expenses (including accommodation and feeding) of the applicant when awarded
2. The applicant must be prepared to attend any meeting/workshop/seminar/educational experience trips organized by the fund
3. The final award of this scholarship depends on the applicant gaining **regular** admission into any of the public universities/technical universities/training colleges in Ghana
4. The applicant should be prepared to contribute to the scholarship Fund upon completing school and acquiring a job.

## Exclusion Criteria

1. Applicants applying to **private** Universities/Technical Universities/Training Colleges are not qualified to apply
2. Postgraduates applicants/Students are not qualified to apply
3. Undergraduate students already in school are not qualified to apply
4. Workers and professionals on salary and pursuing continuous education are not qualified to apply

## APPLICATION PROCEDURES

1. Download the application form using the link....
2. Complete the application form in block letters
3. The completed application form should be endorsed by any one of the following: Chief or Queen Mother or Assembly Member or Pastor/Imam or Headteacher, or any public office holder who knows the applicant very well.
4. Attach the following documents to the completed application form:
  - i. Two passport pictures on a red background
  - ii. Two photocopies of your results
  - iii. One photocopy of any one of the following: Birth certificate or Ghana card, or Health insurance card or voters ID card
  - iv. One recommendation letter or one photocopy of your testimonial from your Senior High / Technical school.
  - v. A maximum of two paged essay describing your academic and career goals and why you need the scholarship.
  - vi. Any other relevant documents you think will help in the application.
5. The completed application form and the required documents should be in an A4-sized brown envelope. Your full name, the name of your traditional area, and your telephone number should be boldly written on the back of the brown envelop and submit it to:

The Secretariat / Office

Butt-Tis Buuri Scholarship Fund

Zebilla

6. Deadline for Application is Friday, 28<sup>th</sup> July 2023, at 5:00pm

## SECTION A

### Student Information

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Middle/Other names \_\_\_\_\_ Gender: M ☐ F ☐

Date of Birth (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Nationality \_\_\_\_\_ Place of birth \_\_\_\_\_

Native Language \_\_\_\_\_

Marital Status: Single ☐ Married ☐ Separated ☐ Divorced ☐

Do you have children? Yes ☐ No ☐ If yes, how many children do you have? \_\_\_\_\_

Telephone number 1. \_\_\_\_\_ 2. \_\_\_\_\_

Emergency number \_\_\_\_\_

(Please provide a contact number that can easily be reached at all times)

Postal /GPRS Address \_\_\_\_\_

Current Residence \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Permanent Residence \_\_\_\_\_

Hometown/Community: \_\_\_\_\_

### **Persons with Disability**

NB: This information will not be used against you in the selection process; It is to assist the Program provide the necessary assistance you would need once your application is successful

Do you have any form of disability (eg. Hearing, mobility, vision, speech, etc.)? Yes / No

If yes, briefly describe the form of disability:

\_\_\_\_\_  
\_\_\_\_\_

How long have you been living with this disability?

\_\_\_\_\_

**SECTION B****Information on Schools and programs applied for**

S/N	INSTITUTION	PROGRAM	CUT-OFF POINT
1			
2			
3			

Your aggregate\_\_\_\_\_

**SECTION C****Educational Background**

Please write the names of the institutions you have attended in the following order (or the equivalence of the level as indicated below);

S/N	SCHOOLS ATTENDED	DATE COMMENCED	DATE COMPLETED	QUALIFICATION OBTAINED
1.	Name of Primary School  Public <input type="checkbox"/> or Private <input type="checkbox"/>			
2.	Name of Junior High School  Public <input type="checkbox"/> or Private <input type="checkbox"/>			
3.	Name of Senior High/Technical School  Public <input type="checkbox"/> or Private <input type="checkbox"/>			

**SECTION D****Parent Information**

Father

Full Name\_\_\_\_\_

Place of Residence\_\_\_\_\_ Age\_\_\_\_\_

Nationality\_\_\_\_\_

Occupation\_\_\_\_\_

Job Title\_\_\_\_\_

Highest level of Education\_\_\_\_\_

Check the box if not alive ☐

Mother

Full Name\_\_\_\_\_

Place of Residence\_\_\_\_\_ Age\_\_\_\_\_

Nationality\_\_\_\_\_

Occupation\_\_\_\_\_

Job Title\_\_\_\_\_

Highest level of Education\_\_\_\_\_

Check the box if not alive ☐

Number of siblings (NB: this refers to the children of either your mother or father or both): \_\_\_\_

Mother and father are:

Living together ☐Separated ☐Divorced ☐Remarried ☐Single Parent ☐**SECTION E****Information on leadership and Community Engagement**

a. List any awards you have received:

1.

2.

b. List any volunteer or extra-curricular activities you have ever engaged in:

1.

- 2.
- 3.
- 4.

## SECTION F

### Endorsements

1.Name: \_\_\_\_\_

Occupation & Job Title: \_\_\_\_\_

Signature/Thumb print: \_\_\_\_\_

Contact: \_\_\_\_\_

## DECLARATION

I hereby declare that the information herein given is a true and accurate account of myself.  
The Butt-tis Buuri Scholarship Fund reserves the right to revoke my status as a Scholar of the Program at any time and take the necessary legal action and sanctions against me if the information given is found to be inaccurate.

Signature of Applicant .....

Date.....

## FOR OFFICIAL USE ONLY

### Receipt of Application

Name of Officer\_\_\_\_\_

Date Received \_\_\_\_\_