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

### **APPLICATION FORM FOR 2022/2023 ACADEMIC YEAR**

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

*Note: You need to apply to a tertiary institution or an apprenticeship program before you apply for this scholarship.*

1. All Applicants with **WASSCE or NAPTEX** or their equivalent results from an accredited/recognised institution and Certificate ready and meets University/Technical University or Training College's Admission Requirements; OR
2. All students who do not qualify for tertiary education but are eager to acquire a skill and start a trade, are also eligible to apply.
3. **NO AWAITING RESULTS candidate will be accepted.** Applicant's result must be at least a year old.
4. The applicant must demonstrate that he/she is needy by writing an essay describing why he/she need the scholarship.
5. The applicant must have proven records of leadership and community engagement(s).
6. Applicants must come from the Kusaug Toende Area (Bawku West District)
7. One person shall be selected from each traditional area in the Bawku West District
8. An applicant must be brilliant but needy to be considered for a tertiary education or passionate but needy to be considered for an apprenticeship/skills training program
9. Selected applicants will be bonded to serve the district for a maximum period of two years upon completion
10. Selected applicants will be bonded to contribute to support two needy but brilliant students from the district upon completion and acquiring a job.

11. This Application form must be endorsed by the following:

- i. the Chief or Queen Mother of your traditional area,
- ii. the assembly member of your electoral area.

12. Attach a copy of your results, one recommendation letter and any other relevant document to this application form.

13. Priority shall be given to; **females & persons with disability**

14. You do not qualify to apply if you are either presently enrolled in any tertiary institution or have completed one.

15. The ENTIRE APPLICATION PROCESS IS FREE and under NO CIRCUMSTANCE should you pay money to anybody in relation to this application.

16. A recommendation letter can be taken from but not limited to any one of the following: a traditional leader, religious leader, an office holder of a public institution etc.

17. Completed application form should be addressed to:

The Program Manager,

Butt-tis Buuri Scholarship Fund,

Post Office Box ,

Zebilla,

**SECTION A****Student Information**

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

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

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

Nationality \_\_\_\_\_ Country 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 Address \_\_\_\_\_

Current Residence (Region) \_\_\_\_\_

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

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\_\_\_\_\_

Country of Residence\_\_\_\_\_ Age\_\_\_\_\_

Nationality\_\_\_\_\_

Occupation\_\_\_\_\_

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

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

Check the box if not alive ☐

Mother

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

Country 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 ☐**SECTION E****Information on leadership and Community Engagement**

a. List any awards you have received:

1.

2.

3.

4.

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

1.

2.

3.

4.

**SECTION F****Endorsements**

1.Name of Chief/Queen Mother: \_\_\_\_\_

Traditional Area: \_\_\_\_\_

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

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

2.Name of Assembly Member: \_\_\_\_\_

Electoral Area: \_\_\_\_\_

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 Secretariat 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 \_\_\_\_\_