

EMMALORD EDUCATIONAL COMPLEX

Financial Aid Application Form

Academic Year: 2024-2025

STUDENT INFORMATION:

Full Name: _____

Date of Birth: ____/____/____

Grade: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian 1:

Full Name: _____

Relationship to Student: _____

Occupation: _____

Employer: _____

Annual Income: _____

Parent/Guardian 2:

Full Name: _____

Relationship to Student: _____

Occupation: _____

Employer: _____

Annual Income: _____

FAMILY INFORMATION:

Number of Dependents in the Family: _____

Number of Children in Fee-Paying Schools: _____

FINANCIAL INFORMATION:

Total Annual Household Income: _____

Do you own or rent your home? ☐ Own ☐ Rent

Monthly Rent/Mortgage Payment: _____

Other Significant Expenses (please specify):

OTHER SCHOLARSHIPS/FINANCIAL AID:

Are you applying for or receiving financial aid from other sources? ☐ Yes ☐ No

If yes, please provide details: _____

SPECIAL CIRCUMSTANCES:

Please describe any special circumstances that affect your need for financial aid:

REQUIRED DOCUMENTS:

Please attach the following documents to this application:

- ☐ Pay stubs for the last three months
- ☐ Bank statements for the last three months
- ☐ Any other relevant financial documents

DECLARATION:

I/We declare that the information provided in this application is true and correct to the best of my/our knowledge. I/We understand that providing false information may result in the rejection of this application and/or termination of any financial aid awarded.

Signature of Parent/Guardian 1 Date

Signature of Parent/Guardian 2 Date

Please submit this completed form along with all required documents to:

Financial Aid Office

Emmalord Educational Complex

Bono Region, Sunyani-Dumasua

Email: financialaid@emmalord.edu

Phone: (+233) 50-882-9658

APPLICATION DEADLINE: October 5th, 2024

For Office Use Only:

Date Received: ____/____/____

Application Number: _____

Received By: _____