# 2025 Scholarship Program

**Guidelines**

Akuapem Education Trust established in 2019 seeks to enhance education and capacity building in Akuapem and beyond. The scholarship is available for brilliant but underprivileged students within the Akuapem Ridge with consideration to scholars beyond Akuapem with prospects of excellence academic output with admissions to the tertiary but without the aid to proceed.

Program Guidelines & Priorities:

* Applicants must:

1. Be a native of Akuapem or have excellent grades if beyond Akuapem.
2. Have gained admission to a public university.
3. Show demonstrable need for support with a personal statement.

* Application form should be accompanied by:
  + Copy of admission letter
  + Copy of passport/ID
  + Copies of transcripts/WAEC results
  + Statement of purpose/Letter of motivation
  + 2 Letters of recommendation
  + Endorsement of SH˜S Counselor attesting they are a qualified/ fit for this scholarship program.
  + CV (Curriculum Vitae)/Resume
* Mail one copy of a completed typed application package to:

info@akuapemeducationtrust.org

or

Scholarship Committee

W40A Akuffo Road,

Akropong, Akuapem North

P. O. Box AP 207

Akropong Akuapem

+233261530730

* Application should be submitted before June 28, 2019, 3:00 p.m
* The scholarships will be awarded in August 2019.

Please submit any questions via email address : [info@akuapemeducationtrust.org](mailto:info@akuapemeducationtrust.org)

**SCHOLARSHIP APPLICATION 2019**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please **type** your answers. | | | | | | |
| 1. | Last Name: | | | | First Name: | |
| 2. | Mailing Address | | | | | |
| 3. | Telephone Number:  Email Address: | | | | | |
| 4. | Date of Birth: Month | Day | Year |  | | Gender: |
| 5. | District: | | | | | |
| 6. | Are you the first person in your family to go to college: | | | YES \_ | | NO \_ \_ |
| 7. | Name and location of Senior High School attending: | | | | | |
| 8. | **Parents details Father’s Name: Mother’s Name:** |  | **Home Town: Home Town:** |  | | **Tel. no: Tel. no.:** |
| 9. | Please indicate which University: | | | | | |
| 10. | List Family Gross Annual Income from your 2018 | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 11. | Is your parent or legal guardian an employee of Akuapem Education Trust? Yes\_ \_ No \_ \_  If your answer is ‘yes’ please answer blocks A, B, C below. If your answer is ‘no’ go to item 13.) | | | |
| 12. | A. | His/her full name: | | |
| B. | Name of AET Staff Office: | C. | Department Name: |
| 13. | Name & address of parent(s) or legal guardian(s):  **(Include address if different than your own listed in Question 2.)**  Name(s) Home Town : Zip:  Home phone of parents or legal guardians: Work phone: | | | |

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I hereby understand I will not submit this application without all required attachments and supporting information.

Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant: \_\_\_\_ Date: \_**

**STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR**

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to Akuapem Education Trust.

Name of Headmaster or Mistress submitting the application:

High School: \_ \_ Contact information (email and phone):

## Signature of Headmaster/mistress: Date: \_

**MAIL COMPLETE APPLICATION PACKAGE TO THE TRUST AT:**

**AET Scholarship Committee** **Akuapem Education Trust**

info@akuapemeducationtrust.org

or

AETScholarship Committee

W40A Akuffo Road,

Akropong, Akuapem North

P. O. Box AP 207

Akropong Akuapem

+233 302 941 556

**REMINDER:**

**The deadline for this application to be received by the AET Office is:**

**June 28, 2019, 3:00 p.m.**