



# Students Loan Trust Fund

PMB CT 233, Cantonments-Accra

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## STUDENT LOAN APPLICATION GUIDELINES

### APPLICANT PERSONAL INFORMATION

#### PERSONAL DETAILS

Surname	First Name	Middle Name
.....	.....	.....
Date of Birth	Sex	Marital Status
.....	.....	.....
Place of Birth ( <i>Village/Town/City</i> )	Permanent Residential Address( <i>Do not provide a Post Office Box number</i> )	Region of Birth
.....	.....	.....
District of Birth	Locality of Birth	
.....	.....	

**What is the highest level of education that you have completed and have a certificate for?**

☐ Diploma ☐ Degree ☐ Professional ☐ Training College ☐ A level ☐ SSS/SHS

**Please indicate whether any of your parents is deceased** ☐

(*Please provide evidence/proof as a supporting document*)

None ☐ Mother ☐ Father ☐ Both mother and father

Postal Address

.....

**At what stage of your education did either parent or both parents become deceased? (*Please provide evidence*)**

.....

#### IDENTIFICATION NUMBERS

Student Id: .....	SSNIT/Reference No: .....	Mobile No: .....
Voter ID: .....	National Health Insurance No ( <i>optional</i> )	National Identification No ( <i>optional</i> ): .....
E-zwich Account Name ( <i>Name used to acquire E-zwich card</i> ):	E-zwich No: .....	Email: .....
.....		

#### HOUSING INFORMATION

**Whom do you live with whiles at home?** ☐ Father and mother ☐ spouse ☐ guardian ☐ father and step mother ☐ mother and step father ☐ Father alone ☐ mother alone ☐ some other relative /Friend(s) ☐ live alone

**What type of house do you permanently live in?** ☐ 4+Bedroom Apartment ☐ 2/3 Bedroom Self compound ☐ 2/3 Bedroom semi-detached ☐ Chamber & Hall ☐ Compound House ☐ Single room ☐ Mud/ Swish House

**Who owns the house your household occupies?** ☐ Rented House ☐ Own House ☐ Family house (with rent) ☐ Family house (*without rent*) ☐ Caretaker ☐ Official Residence ☐ Squatting

**If rented, who pays the rent for your house your household occupies?** ☐ Both parents ☐ father ☐ mother ☐ Guardian ☐ spouse ☐ other relative ☐ self

Region of Permanent Residence	District of Permanent Residence	Locality of Permanent Residence
.....	.....	.....

**Does the household have electricity?**    Yes /No

**What is the main material of the roof of the house?** ☐ Roofing Tiles    ☐ Asbestos    ☐ Cement/Concrete    ☐ Wood ☐ Mud/Earth    ☐ Metal sheet/Shingles    ☐ Cardboard/Polythene    ☐ Palm/Bamboo    ☐ Thatch/Raffia

**What is the main material of the exterior walls of the house?** ☐ Burnt bricks    ☐ Cement/Sancrete    ☐ Stone with lime or cement    ☐ Plywood    ☐ Stone with Mud /Clay    ☐ Wood planks/Reused Wood    ☐ Cardboard Cane/Palm/Trunks/Bamboo

**What is the main construction material used for the floor of the house?** ☐ Ceramic/Porcelain/Marble Tiles    ☐ Terrazzo    ☐ Burnt bricks    ☐ Cement/Concrete    ☐ Polished wood    ☐ Stone    ☐ Wood Planks    ☐ Palm/Bamboo    ☐ Earth/Mud/Mud Bricks

**What kind of toilet facility do members of your household usually use?** ☐ Flush Toilet    ☐ Public Toilet (paid) ☐ Covered pit latrine (VIP/KVIP)    ☐ Public Toilet (unpaid)    ☐ Uncovered pit latrine (VIP/KVIP)    ☐ Pan/Bucket Composting Toilet    ☐ Free Range (no facility, bush, field, and beach)

**What is the main fuel used for cooking in your home?** ☐ Electricity    ☐ liquefied Petroleum Gas (LPG)    ☐ Car Battery    ☐ Biogas    ☐ kerosene/Oil    ☐ Charcoal Wood/Firewood    ☐ Animal Waste    ☐ Sawdust/Crop Stock/Millet Stock    ☐ Grass/Straw

**What type of transport is most often used by your household?** ☐ Private Personal Car    ☐ Official Car    ☐ Motor Cycle/Bicycle    ☐ Public Transport

**What is the main fuel used for lighting in your home?** ☐ Generator    ☐ Electricity    ☐ liquefied Petroleum Gas (LPG) ☐ Solar Energy    ☐ Car battery    ☐ Torch Light    ☐ Kerosene/Paraffin    ☐ Candles    ☐ Wood/Firewood    ☐ Sawdust    ☐ Grass/Straw

**What is the main source of drinking water used by members of your household?** ☐ Bottled water    ☐ Sachet water Vendor or Truck    ☐ Pipe Borne Water    ☐ Public Outdoor Tab/Stand Pipe    ☐ Borehole    ☐ Protected Well    ☐ Unprotected Well/Rain water collection    ☐ River/Stream/Spring/Lake/Pond/Canal

**How does your household dispose of refuse?**    ☐ Collected    ☐ Paid dump Elsewhere    ☐ Public Dump Buried by Household    ☐ Burned by Household    ☐ Unpaid dump elsewhere

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## SOCIO –ECONOMIC CHARACTERISTICS

### Current Employment Details

*(if employed please fill the following details of your employer and if not proceed to disabilities)*

	APPLICANT	FATHER	MOTHER	GUARDIAN	SPOUSE
Employment Status <i>(full time, part time,retired,unemployed)</i>					
Employer( <i>multinational, private,sector,government, self employment</i> )					
Occupation					
Name of Employer					
Address of Employer					
Employment Start Date					
Region of Employment					
District of Employment					
Locality of Employment( <i>urban,rural,regional</i> )					

## DISABILITIES

### APPLICANT

Do you have any form of disability? Yes/No

Disability	Level(Percentage)	How long have you been disabled?
Visual Impairment		Day(s)/Week(s)/Month(s)/Year(s)
Physical Disability		Day(s)/Week(s)/Month(s)/Year(s)
Hearing		Day(s)/Week(s)/Month(s)/Year(s)
Speech		Day(s)/Week(s)/Month(s)/Year(s)
Other		Day(s)/Week(s)/Month(s)/Year(s)

### FATHER

Does your father have any form of disability? Yes/No

Disability	Level(Percentage)	How long have you been disabled?
Visual Impairment		Day(s)/Week(s)/Month(s)/Year(s)
Physical Disability		Day(s)/Week(s)/Month(s)/Year(s)
Hearing		Day(s)/Week(s)/Month(s)/Year(s)
Speech		Day(s)/Week(s)/Month(s)/Year(s)
Other		Day(s)/Week(s)/Month(s)/Year(s)

### MOTHER

Does your mother have any form of disability? Yes/No

Disability	Level(Percentage)	How long have you been disabled?
Visual Impairment		Day(s)/Week(s)/Month(s)/Year(s)
Physical Disability		Day(s)/Week(s)/Month(s)/Year(s)
Hearing		Day(s)/Week(s)/Month(s)/Year(s)
Speech		Day(s)/Week(s)/Month(s)/Year(s)
Other		Day(s)/Week(s)/Month(s)/Year(s)

**GUARDIAN**

Does your guardian have any form of disability? Yes/No

Disability	Level(Percentage)	How long have you been disabled?
Visual Impairment		Day(s)/Week(s)/Month(s)/Year(s)
Physical Disability		Day(s)/Week(s)/Month(s)/Year(s)
Hearing		Day(s)/Week(s)/Month(s)/Year(s)
Speech		Day(s)/Week(s)/Month(s)/Year(s)
Other		Day(s)/Week(s)/Month(s)/Year(s)

**SPOUSE**

Does your spouse have any form of disability? Yes/No

Disability	Level(Percentage)	How long have you been disabled?
Visual Impairment		Day(s)/Week(s)/Month(s)/Year(s)
Physical Disability		Day(s)/Week(s)/Month(s)/Year(s)
Hearing		Day(s)/Week(s)/Month(s)/Year(s)
Speech		Day(s)/Week(s)/Month(s)/Year(s)
Other		Day(s)/Week(s)/Month(s)/Year(s)

**DEPENDANT**

Does your dependant have any form of disability? Yes/No

Disability	Level(Percentage)	How long have you been disabled?
Visual Impairment		Day(s)/Week(s)/Month(s)/Year(s)
Physical Disability		Day(s)/Week(s)/Month(s)/Year(s)
Hearing		Day(s)/Week(s)/Month(s)/Year(s)
Speech		Day(s)/Week(s)/Month(s)/Year(s)
Other		Day(s)/Week(s)/Month(s)/Year(s)

**TERTIARY INSTITUTION DETAILS**

Please provide details of the tertiary institution you currently study at.

In which region is your campus located?.....	Name of Tertiary Institution .....	What is your course of study/faculty? .....
What is your program of study? .....	At what level did you enter the Institution?.....	What is your current level of study? .....
Enrolment Year (YYYY) .....	Completion Year (YYYY) .....	Who is responsible for your fees? .....
Who is responsible for your upkeep in school?.....	Accommodation Status : University provided / Private Hostels on Campus / Other private owned housing outside campus / Commuting from home	

**PAST EDUCATION**

In which region is the school located?		
In which district is the school located?		
Educational Level(tertiary/post sec/SHS/JHS/nursery)		
Name of School		
Enrolment Year		
Completion Year		
Who was responsible for your fees?		
Who was responsible for your upkeep in school?		

**FATHER /MOTHER /SPOUSE/GUARDIAN DETAILS****FATHER /MOTHER /SPOUSE/GUARDIAN DETAILS PERSONAL DETAILS**

	FATHER	MOTHER	GUARDIAN	SPOUSE
Voter ID <i>(optional)</i>				
SSNIT No. <i>(If applicable)</i>				
National Health Insurance No. <i>(optional)</i>				
National Identification No. <i>(optional)</i>				
Surname				
First Name				
Middle Name <i>(optional)</i>				
Phone Number				
Postal Address				
Permanent Residential Address				
Date of Birth				
Place of Birth(town/village/city)				
Region of Birth				
District of Birth				
Locality of Birth(Regional/Urban/Rural)				
Region of Residence				
District of Residence				
Locality of Residence(Regional/Urban/Rural)				
Highest Educational Level Attained(none/tertiary/technical/vocational/commercial/primary/SHS/JHS)				

**EMPLOYMENT HISTORY**

	FATHER	MOTHER	GUARDIAN	SPOUSE
Title of Job				
Start Date				
End Date				
Average income per month (GHC)				
Name of Organization				
Region of Organisation				
District of Organisation				
Locality of Organisation				

## HOUSEHOLD DEPENDANTS

### Household Dependants Information

	DEPENDANT 1	DEPENDANT 2	DEPENDANT 3
Name of Dependant			
Relationship to Applicant(brother/cousin/daughter/nephew/niece/son/nephew/sister)			
Date of Birth			
Gender			
Is Dependant currently in school?			
Region of School			
District of School			
Name of School			
Educational Level of Dependant(tertiary/post secondary/primary/JHS/SHS/nursery)			

## FINANCING AND COST OF EDUCATION

**Please estimate how much you expect to spend on your tertiary education for this academic year.**

Academic Fees (GHC): ..... Residential/Accommodation/Rent (GHC): .....  
Feeding (GHC): ..... Transportation (GHC): .....

**Please indicate how much financial assistance you expect (from the following sources) to be available toward the funding of your education this academic year.**

Parents/Guardian (GHC): ..... Personal (GHC): ..... Benefactor (GHC): .....  
Others (GHC): ..... Employer (GHC): ..... Spouse (GHC): .....

**If you fall sick and have to go to hospital how would you pay for your medical expenses?**

☐ Self ☐ Parent ☐ Guardian ☐ Institution ☐ NHIS ☐ other

**In the past twelve months how many times did you fall ill and had to go to healthcare facility?**

.....

**In the past twelve months how much did you spend on average, each time you fell ill and had to go to healthcare facility?** .....

## HOUSEHOLD ASSETS

Number of Houses Owned: ..... Size of Building Land Owned: ..... Size of farm Owned: ..... Number of Livestock Owned: .....

**Please indicate how many of the following items your household owns (Include items only if they are in working condition)**

Electric Iron: ..... Refrigerator: ..... Television: ..... Video Deck/DVD: .....  
Cassette Player/Radio: ..... Stereo System: ..... Personal Computer: ..... Fixed Line: .....  
Mobile Phone: ..... Mattress or Bed: ..... Watch or Clock: ..... Sewing Machine: .....  
Electric/Gas Stove: ..... Kerosene Stone: ..... Fan: ..... Sofa: .....  
Bicycle: ..... Motorcycle: ..... Commercial Vehicle: ..... Generator: .....  
Canoe/Boat: ..... Shares/Treasury: ..... Insurance Policy: ..... Bills/Bond: .....

### Household Assets Location

Please provide the location(s) of your house(s), land(s), farm(s) and livestock(s) if any

Region of House: ..... District Of House: ..... Locality Of House: ..... Region of Land: .....  
District Of Land: ..... Locality Of Land: ..... Region of Farm: ..... District Of Farm: .....  
Locality of Farm: ..... Region of Livestock: ..... District Of Livestock: ..... Locality of Livestock: .....

**BENEFACTOR/GUARANTOR DETAILS**

**Benefactor Type** : ☐ Individual ☐ Corporate (If individual please fill the form below)

Voter ID (If applicable): ..... SSNIT No. (If applicable): ..... National Health Insurance No.  
(optional) : .....  
National Identification No. Surname: ..... First Name: .....  
(optional): .....  
Middle Name (optional): ..... Phone Number: ..... Postal Address: .....  
.....  
Permanent Residential Date of Birth: ..... Place of Birth (town/village/city):  
Address: .....  
Region of Birth: ..... District of Birth: ..... Locality of  
Birth(Regional/Urban/Rural)  
Region of Residence: ..... District of Residence: ..... Locality of Residence(Regional  
/Urban/Rural): .....  
Highest Educational Level Attained  
(none/tertiary/technical/vocational/co  
mmercial/primary/SHS/JHS):  
.....

If benefactor type is corporate, please fill the form below. For any of the guarantor types shown  
(Metropolitan and Municipal District Assembly/Corporate/SSNIT Formal/Islamic Denomination/Church)

**Guarantor Type**  
☐ Metropolitan and Municipal District Assembly ☐ Corporate ☐ SSNIT formal ☐ Church

	BENEFACTOR	GUARANTOR
Name of Organization		
Phone Number		
Fax Number		
Postal Address		
Email		
Region of Location		
District of Location		

