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DGQM-SBNFS FORM I

(New Applicants)

DORA GETRUDE QUAYE MEMORAL SCHOLARSHIP FOR BRILLIANT BUT NEEDY FEMALE STUDENTS

UNIVERSITY OF HEALTH AND ALLIED SCIENCES
APPLICATION FOR SPONSORSHIP

2025-2026

SECTION A – APPLICANT’S BACKGROUND INFORMATION

(Complete all questions using **BLOCK/CAPITAL** letters only. Where it is **not applicable** indicate **NA**.)

Your application will not be processed if it is NOT fully completed

1. Full name Surname: Other Name(s):		
2. Date of Birth (e.g. 20 June 2000):	3. Sex (Female/Male):	4. Student ID:
5. Place of Birth: Village/Town/ City: District: Region:		6. Nationality:
7. Home Town: Village/Town/ City:	District:	Region:
8. Hall/Hostel Address: (where you will live when school is in session e.g. Room 153 Defiat Hostel, Hse # 123 Dave, Ho. Asogli Hall, Blk A Room 36, etc.)		
9. Place of residence: (where you normally reside, GPS Address (If applicable). Village/Town/ City:.....District:..... Region:.....		

Personal Telephone# 1:	Personal Telephone# 2:	
UHAS Email Address.....	Alternative Email.....	
Parent or Guardian Telephone # 1.....	Parent or Guardian Telephone # 2	
<p>10. Postal address to which correspondence <u>regarding this application</u> should be sent:</p> 		
<p>11. Current Level of Study (e.g. Level 200):</p> <p>.....</p>	<p>12. Program of Study (e.g. B. of Public Health - Health Promotion, etc.):</p> <p>.....</p>	
<p>13. School:</p> <p>.....</p>		
<p>14. Campus (e.g. Ho, Hohoe):</p> <p>.....</p>		
<p>15. Program Stream (e.g. Regular, Sandwich,):</p> <p>.....</p>	<p>16. Fee-paying Status (e.g. Fee paying, Non-Fee paying):</p> <p>.....</p>	<p>17. CGPA (GPA for the past years of study):</p> <p>.....</p>

16. Please provide the following information on **all** your siblings. (USE THE BACK OF THE SHEET IF NECESSARY).

Surname	First Name(s)	Age	Education Level	Occupation

17. Schools attended with dates

	Full Name of School (Provide full address)	Town/District /Region	Dates of Attendance (e.g 2001- 2003)	Who paid for your education and upkeep at this level?
Primary				
JHS				
SHS				
Tech/Voc Inst. (Provide full address)				
Other				

18. Indicate the mode by which you gained admission to the University.

MODE	MONTH/YEAR	Candidate's Index Number	*Total Aggregate Score/ CGPA
SSSCE/WASSCE			
A LEVEL			
Diploma*			
Mature Students Exam/Access			

***NOTE:** Use the aggregate that your admission into the University was based on. For Diploma holders provide the CGPA obtained at graduation.

SECTION B 1– INFORMATION ON FINANCES

19	How do you get money to pay your fees?	Amount (GHC)
	a. School Fee	
	b. Hall/Hostel Fee	
	c. Feeding	

SECTION B 2 – INFORMATION ON SPONSORSHIP

20	Have you <u>applied</u> to any Institution/Organization, or Individual for financial support for the next academic year?	Yes/No
	If yes, provide name	
21	<u>Have you received financial support</u> from any Institution /Organization, or Individual?	Yes/No
a	If yes, provide name	
b	How much did you receive for the following components?	
	i. School Fee	
	ii. Hall/Hostel Fee	
	iii. Feeding	
	iv. Lump sum (If amount given is not by the above components)	
22	<u>Do you receive financial support</u> from any Institution /Organization, or Individual?	
a	If yes, provide name	

b	How much are you getting for the following components?	
	i. School Fee	
	ii. Hall/Hostel Fee	
	iii. Feeding	
	iv. Lump sum (If amount given is not by the above components)	

SECTION B3 - APPLICANT'S EMPLOYMENT HISTORY (If applicable)

(This section is applicable to those receiving salary during the period of study)

23. Period of Employment (dd/mm/yyyy): From _____ to _____
a. Name, address, and contact information of employer.
b. State your total <u>gross</u> income (Salary and income from other sources) per year (GH¢).
c. Will you be expected to serve a bond after completing your studies?

SECTION B 4 – TO BE COMPLETED BY APPLICANTS WITH DEPENDENTS

24. Provide the following information on your dependents.

Surname	Other Name(s)	Age	Level of Education	Relationship

25. If married, provide the following information about your spouse.

Full Name: Surname		Other Name(s):
Level of Education		Occupation
Name and address of Employer. (If Known)		
Annual Total Gross Income (Salary and income from other sources, if known. Attach evidence)		

SECTION B 5 - ADDITIONAL INFORMATION

26. You may provide **additional** information to support this application. This information can include awards received, information on others who help sponsor your education, and other information on your financial situation. (Additional paper may be used if required)

SECTION B6 – ESSAYS

27. Why do you feel you should be considered for this Financial Support? (**not more than one typed page , at most 500 words, times new roman**):

28. Declaration

Your eligibility for Student Financial Support must be based upon accurate information.

I do hereby declare that to the best of my knowledge, all the information given in this application are true.

Signature of Student: _____ Date: _____

Note: Misrepresentation in any material form renders the application null and void. Any award made based on misrepresentation shall be withdrawn or refunded by the applicant, and he/she may be prosecuted.