



PANDEMIC TERTIARY SCHOLARSHIP FUND

This scholarship fund focuses on students whose parent either lost their lives or jobs during the Covid-19 Pandemic crises which has become a global issue. These students would not be able to further their education without scholarship and their future will remain bleak and are likely trapped in various cycle of poverty, the fund will be given to female tertiary students offering **Bachelor’s degree program** who are really in need and would not be able to further their education without support. W3 Initiative has partnered with both private and government Universities to make this **Pandemic Tertiary Scholarship Fund** a success.

This forms should be completed and submitted to the W3 Initiative **Pandemic Tertiary Scholarship Fund** office together with the under-mentioned document;

- ❖ A certified copy of the admission letter of the institution.
- ❖ A copy of passport-size photographs bearing the name of applicant
- ❖ A copy of your National Identification Card

NB: For more information kindly visit www.winnieswomenworld.org.gh

PART ‘A’ TO BE COMPLETED BY APPLICANT

1. Surname:
2. First Name:
3. a. Place of Birth: b. Date of Birth:
c. Nationality: d. Sex: **Female**
e. Address:

f. Location: g. District:

h. Contact:

4. Type of ID: ID Number:

5. a. Name of Institution:

b. Date of Entry:

c. Course:

d. Degree (i.e. BSc):

e. Level:

6. Are you on study-leave with pay? **YES** **NO**

7. If yes, indicate sponsoring Organization/ Department:

.....

8. a. Have you held any Scholarship before? **YES** **NO**

b. If yes, indicate:

i. Type of Scholarship:

ii. Duration:

iii. Course for which Scholarship was awarded:

9. a. Name of Present Employer (if applicable):

b. Address:

c. Signature: Tel:

10. Parent Information

I. a. Father's Name:

i. Alive ii. Dead

b. Occupation:

c. Telephone:

d. Address:

e. Signature:

II. a. Mother's Name:

i. Alive ii. Dead

b. Occupation:

c. Telephone:

d. Address:

e. Signature:

11. Recommendation

I. Local Leader (Chief, Assembly Member)

a. Name:

b. Position:

c. Telephone:

d. Community:

e. Signature:

II. Spiritual Leader (Pastor, Imam, Priest)

a. Name:

b. Position:

c. Telephone:

d. Place of Worship:

e. Signature:

12. a. Guarantor's Name:

b. Occupation:

c. Telephone:

d. Address:

e. Signature:

13. What is your story? (Applicant is supposed to tell us what unfortunate event happened during this pandemic and what impact will this scholarship make.)

NB: Maximum 1000 words, typed in MS. Word and should be attached to the application

14. Declaration by Applicant

I

Certify that the information given by me in this application is to the best of knowledge, Accurate and that in accepting this award, I undertake to abide by the terms and condition

NB: It is a criminal offense to provide false information in this application and any person Who does so may be recommended for prosecution and their application will Automatically be disqualified.

Date: **Signature:**

PART 'B' TO BE COMPLETED BY REGISTRAR OF APPLICANT'S INSTITUTION.

1. Name of Registrar:

2. Is applicant duly registered in your institution? **YES/NO**

3. Is information provided by student in paragraph 1-8 of Part 'A' correct?
YES/NO

4. Is applicant recommended for Scholarship? **YES/NO**

b. If the student qualifies for a scholarship please indicate **GPA/CWA** and total number of student in class.....

c. Please confirm **program** offered.....

Date: **Signature:**

Thank You Very Much For Completing This Application Form

We will contact you shortly if you are selected for an interview. The Pandemic Tertiary Scholarship Fund wishes you the best of luck in all your academic pursuit. Acceptance of the Pandemic Tertiary Scholarship Fund gives us the

permission to use photos and personal stories of students to help raise awareness and to help promote charitable campaigns.

Pandemic Tertiary Scholarship Fund: Promoting Female Education.

The Village opposite STC Bus Terminal, Adum

Kumasi- Ghana.

Contact: 0322004236

www.winnieswomenworld.org.gh /info@winnieswomenworld.org.gh

PART 'C' TO BE COMPLETED BY OFFICIALS OF THE SCHOLARSHIP

SECRETARIAT.

1. Name Of Official Vetting Application:
2. Is recommendation made by Institution in order? **YES/NO**
3. Recommended by Schedule Officer:
 - a. Recommended for full Scholarship
 - b. Recommended for Partial Scholarship
 - c. Not Recommended
4. Reasons for recommendation:

Date: **Signature:**

PART 'D' APPROVED BY REGISTRAR OF SCHOLARSHIPS

Based on the recommendation above, I authorized the award of scholarship to applicant.

Name of Registrar:

Date: **Signature:**