

23. SCHOOL HEAD: _____

24. ADDRESS: _____

25. PHONE: _____ E-MAIL: _____

SECTION C: FAMILY INFORMATION

26. FATHER'S NAME: _____ TEL: _____

27. MOTHER'S NAME: _____ TEL: _____

28. NAME OF GRAND-FATHER (PATERNAL): _____

29. HOME TOWN OF PATERNAL GRAND-FATHER: _____

30. CURRENT/LAST RESIDENTIAL ADDRESS OF GRAND-FATHER:

31. PROVIDE LAST KNOWN ADDRESS (IF DECEASED):

SECTION D: ECONOMIC INFORMATION

32. FATHER'S OCCUPATION: _____

33. FATHER'S DIGITAL ADDRESS: _____

34. FATHER'S CONTACT: EMAIL: _____

35. FATHER'S PHONE NUMBER: _____

36. MOTHER'S OCCUPATION: _____

37. MOTHER'S DIGITAL ADDRESS: _____

38. MOTHER'S CONTACT: EMAIL: _____

39. MOTHER'S PHONE NUMBER: _____

SECTION E: EMERGENCY/CONFIRMATION CONTACTS

40. ANY TWO LIVING RELATIVES WHO MAY BE CONTACTED IN CASE OF EMERGENCY/
CONFIRMATION:

(1) FULL NAME: _____

DIGITAL ADDRESS: _____

MOBILE NO: _____

(2) FULL NAME: _____

DIGITAL ADDRESS: _____

MOBILE NO: _____

SECTION F: REFEREES

41. CHARACTER:

NAME: _____
E-MAIL: _____
POSITION: _____
MOBILE NO: _____

42. ACADEMIC:

NAME: _____
E-MAIL: _____
POSITION: _____
MOBILE NO: _____

SECTION G: ATTACHMENTS

Please attach Certified Copies of the under-listed documents. Do not include original copies of your documents. The office will not accept any responsibility for the loss of original documents.

1. Admission Letter
2. Birth Certificate
3. BECE and SHS/WASSCE Certificate(s)
4. Any other certificate(s), professional, or other Diplomas

All academic transcripts from institutions/schools attended as well as reference letters should be sent directly to:

The Registrar
Svanikier Ga-Dangme Scholarship Fund
Valley View University
P O Box VV 100
Oyibi – Accra

SECTION H: DECLARATION

I, _____ certify that the information herein provided is correct and complete to the best of my knowledge. I accept to be disqualified from the scheme should the information herein given to be found at anytime to be false.

That the scholarship only covers tuition, and is for only formation/training.

That the referees and others mentioned are to provide needed information with regard to any subjects covered by this application. I hereby release such parties of any damage that may result from furnishing such information.

I agree that if offered the scholarship, I, will conform to the policies and Christian principles of the University. These may be liable to change at any time.

I further accept the fact that if granted the sponsorship, I will be subjected to a qualifying (probation) period, which may be extended at the discretion of the University, and will be required to provide additional pertinent information about my nuclear family, if any, and myself.

APPLICANT SIGNATURE: _____ **DATE:** _____