

GRASAG -KNUST

BOA WO NUA Application Form

1. Full Name: _____
2. Program of Study: _____ Student N°: _____
3. College: _____
Department: _____ Year: _____
4. Name of guardian (if not yourself): _____
_____ Tel: _____
5. i. Have you being a beneficiary of any fund/grants? Yes / No
Name of fund: _____

ii. Purpose: _____
iii. Year: _____ Amount: _____
6. Please provide reasons for your request.

7. Please supply the names and addresses of two references within the university.

i. Name: _____
Address: _____
Occupation: _____ Signature: _____
Telephone Number: _____ E-mail address _____

ii. Name: _____
Address: _____
Occupation: _____ Signature: _____
Telephone Number: _____ E-mail address _____

DISCLAIMER.

The GRASAG- KNUST “Boa Wo Nua” was established to assist post graduate student who for one reason or the other are in dire need of financial help. The members of the Board of Trustees reserve the right of ascertaining beneficiaries and amount to be given.

Applicants found to have falsified information shall be duly reported to appropriate authorities as well as lose any chance of ever being a beneficiary.

(Please attach copies of last paid school fees receipt)

I _____ hereby confirm that the information supplied above, to the best of my knowledge and belief, is true and complete. I also confirm that I have read and understand the terms and conditions of sale.

Signed: _____ Tel No: _____
Date: _____

FOR OFFICIAL USE ONLY

The form was received on behalf of GRASAG-KNUST by

Name: _____ Tel No: _____
Date: _____

Signed

WELFARE CHAIRPERSON