



Application Form 2023

Instructions:

1. Please type or write clearly in CAPITAL LETTERS only.
2. Please write your name on the top of each page of your application.

STUDENT INFORMATION
<i>Please enter your name and all information as it appears on official documents such as an identification card, birth certificate, or passport.</i>
Legal Last Name
First Name
Middle Name(s)
Date of Birth (dd/mm/yyyy)
Place of Birth (Town/City, Country)
Citizenship
Primary Language spoken
Other Languages spoken

CONTACT INFORMATION
Street
Town/City
Region
Country
Postal Address
Email Address
Contact Number
Alternative Number

Name of Applicant: _____

STUDENT EDUCATIONAL BACKGROUND	
If you are currently still at school, then please, include your current course and expected graduation date	
Highest Level of Education completed	Date completed (dd/mm/yy)
1.Senior High School	
Dates attended	Institution
2.Junior High School	
Dates attended	Institution
List any other school attended and what course completed	
Please list any additional qualifications, awards and certifications (e.g. in music or sport)	

*****Please attach your;**

- 1. most recent national examination certificate, such as O-Levels, BECE, or WASSCE results**
- 2. school reports from the last 6 academic terms**

Name of Applicant: _____

QUESTIONS	
How did you learn about African Science Academy?	
Why do you want to become a student at our school?	
What special skills and talents would you bring to our school?	
Are you engaged in any extra-curricular activities (e.g. sports, community service or music)? If yes, provide details	
Why are you passionate about Math and Science?	

Name of Applicant: _____

ADDITIONAL INFORMATION

Please write any additional information not conveyed in this form that will strengthen your application

APPLICATION STATEMENT

I certify that the answers I have given in this application are true and complete to the best of my knowledge. I acknowledge that misinterpretation or omission may be the cause for my rejection as a student at the school or subsequent dismissal from school if discovered after acceptance.

Signature of Applicant	Date (dd/mm/yyyy)
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Name of Applicant: _____

REFERNCE DETAILS (TO BE COMPLETED BY HEADTEACHER OR CLASSTEACHER)

Please provide general comments about applicant's suitability to study at African Science Academy.

What are the students predicted WASSCE grades?

Please, ensure copies of the school reports from the last 6 terms are attached to this form.

I confirm that (applicants name) is personally known to me. I certify that the information provided by her on this application form is true and accurate.

Name

Role/Title

Institution

Contact Number

Contact Email Address

Signature

Date

Can you help supervise or facilitate entrance exam? Yes No

If No, please provide details of a staff member at your school who could help facilitate the entrance exam.

Name:

Role:

Contact Number:

Contact email address:

African Science Academy Scholarship Details Form 2023

Eligibility: female students with academic excellence, able to demonstrate clear need for financial assistance.

Applicant's Full Name:

Applicant's Phone Number (please include country code):

Applicant's Email Address:

FAMILY INFORMATION	
Mother's Name	
Mother's Maiden Name	
My Mother is my (please tick): <input type="checkbox"/> Legal Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Deceased <input type="checkbox"/> Other	
If Other, please specify	
Mother's highest level of education	
Mother's telephone number	
Mother's Profession	
Mother's Employer	
Mother's employer telephone number	
Mother's monthly salary	
Father's Name	
My Father is my (please tick): <input type="checkbox"/> Legal Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Deceased <input type="checkbox"/> Other	
If Other, please specify	
Father's highest level of education	
Father's telephone number	
Father's Profession	
Father's Employer	
Father's employer telephone number	
Father's monthly salary	

SCHOLARSHIP INFORMATION	
Who do you stay with? (State relationship with person)	
How many siblings do you have?	
What is the total number of children under 18 in your household? (those taken care of by the same parent or guardian)	

<p>Who else contributes to your household (e.g. older sibling or extended family)? How much do they contribute approximately per month (specify the currency)?</p>	
<p>Please list any other sources of household income, in order of importance, such as, rental income, transfer of income from outside the household, etc. and please describe the amount per month (specify the currency)</p>	
<p>Who is providing your basic needs?</p>	
<p>Who is paying the cost of your education?</p>	
<p>Are you currently on a scholarship? If yes, please provide the name and details of the scholarship.</p>	
<p>What is the amount of your current school fees for one academic year (inclusive of all top-up fees and levies and boarding fees) (specify currency)?</p>	
<p>Have you or your siblings ever missed a significant part of a school term because of finances? If yes, please provide details.</p>	
<p>How much money do you / your family spend on average per day at home?</p>	
<p>Please describe the monthly household expenses Examples: rent/mortgage, electricity, telephone, medical expenses, school fees, food, etc (Please specify the amounts).</p>	

<p>Does anyone who lives with you have a disability or chronic/fatal illness/disease? If yes, what is your relationship with the person and what is his/her condition?</p>	
<p>What is the main source of energy (light) in your house?</p>	
<p>Does your family/guardian benefit from any poverty reduction programme or food rationing? If yes, please provide details.</p>	
<p>Do you have a passport? If yes, what is the expiry date?</p>	
<p>Where do you have access to the internet?</p>	
<p>Why do you need this scholarship to attend our school (please be as detailed as possible)?</p>	

ADDITIONAL INFORMATION

If your application to ASA has been successful and we would like to consider you for a scholarship, we will contact you for one or more of the following supporting documents:

- A letter from your parent’s/ guardian’s employer confirming employment status and income
- A parent or guardian pay slip
- A parent or guardian bank statement
- A parent or guardian tax return statement
- A letter from your current school official confirming financial need

NB: INFORMATION PROVIDED ON ANY OF THESE DOCUMENTS SHOULD CORRESPOND WITH THE INFORMATION GIVEN ON THIS FORM.
HOME VISITS MAY BE ORGANISED TO VERIFY THE INFORMATION PROVIDED.

SCHOLARSHIP APPLICATION STATEMENT		
I certify that the answers I have given in this application are true and complete to the best of my knowledge. I acknowledge that misinterpretation or omission may be the cause for my rejection as a student at the school or subsequent dismissal from school if discovered after acceptance.		
Signature of Applicant		Date (dd/mm/yyyy)
Signature of Parent/Guardian		Date (dd/mm/yyyy)
Witness (this should not be a relative): To the best of my knowledge, the information provided by the applicant above is complete and accurate.		
Name of Witness		Witness Phone Number (please include the country dialing code)
Witness Relationship to Applicant		Witness Email Address

Name of Applicant: _____

TO BE COMPLETED BY THE APPLICANT'S PARENT/GUARDIAN	
I, _____ (Full Name), hereby give permission for _____ (Applicants Name) to apply to African Science Academy, in Ghana.	
Signature: _____	Date: _____
Phone number or email address: _____	
If parent/guardian is unable to sign, please provide their phone number here _____ (ASA will contact parent/guardian for permission to process the application.)	

CHECKLIST	
Have you completed/attached the following documents?	
Last 6 term reports: Yes <input type="checkbox"/>	No <input type="checkbox"/>
DO NOT send original transcripts. ASA will not return original documents to you.	
Basic Education Certificate Examination (BECE) results: Yes <input type="checkbox"/>	No <input type="checkbox"/>
DO NOT send original transcripts. ASA will not return original documents to you.	
Head teacher/ class teacher comments and signature: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parent/Guardian Signature: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Applicants signature: Yes <input type="checkbox"/>	No <input type="checkbox"/>

NB: ASA will not consider applicants who fail to provide ALL required documents.

Please scan and email your application to: admissions@africangifted.org

Or send it by post to:

African Gifted Foundation Ghana, PO Box CO 4394 Tema Community 1, Tema, Ghana
 Alternatively, please hand it in to your school representative or ASA volunteer. You are responsible for ensuring that ASA receives your application on time.

NB: The regular application deadline 31st January 2024, we reserve the right to reject any applications received after this date. Application forms and all data herein is destroyed three (3) months after the end of the application window.