



COLLEGE OF HEALTH SCIENCES-  
KNUST

Passport  
Picture

SOMESO FUND (SMF) 2018/2019

**STUDENT'S INFORMATION**

1.a) Surname		b) First Name		c) Other Name(s)	
2. Date of Birth (mm/dd/yy)		3. Gender Male: <input type="checkbox"/> Female: <input type="checkbox"/>		4. Student ID Number	
5. Index Number		6. Place of Birth		7. Town/Village/City of Residence	
8. Physically Challenged (YES/NO)		9. Hall of Affiliation:		10. Year (e.g. Level 100)	
11. Student Phone number:		12. Marital Status		13. E-Mail Address:	
14. Home Address(e.g. Dansoman house # 23)		15. Current CWA		16. Programme:	
17. Faculty/School		18. Residential Address (Where you stay when school is in session).		19. Indicate the mode by which you gained admission to the University. a) Less Endowed Student <input type="checkbox"/> b) Fee-Paying Student <input type="checkbox"/> c) Regular Student <input type="checkbox"/> e) Other <input type="checkbox"/>	
20. Have you benefited from any scholarship in the University before? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes state the Scholarship and the academic year you benefited.		21. Are you on any Financial Support? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes give details of the financial support(e.g. MPs common fund)		Name of Schools Attended	
22. SHS		Programme offered		Period of Attendance	
23. JHS					

**PARENT / GUARDIAN INFORMATION**

<b>FATHER</b>		8. Check the box if Deceased <input type="checkbox"/>
1.Surname	a) Middle Name	b) Other Name
2. Marital Status	a) Single <input type="checkbox"/>	b) Married <input type="checkbox"/> c) Separated/Divorced <input type="checkbox"/>
3. Residential Address	4. Number of Children	5. Mobile #
6. Occupation	7.Unemployed <input type="checkbox"/>	
8. Name and Address of Employer		

<b>MOTHER</b>		8. Check the box if Deceased <input type="checkbox"/>
1.Surname	a) Middle Name	b) Other Name
2. Marital Status	a) Single <input type="checkbox"/>	b) Married <input type="checkbox"/> c) Separated/Divorced <input type="checkbox"/>
3. Residential Address	4. Number of Children	5. Mobile #
6. Occupation	7.Unemployed <input type="checkbox"/>	
8. Name and Address of Employer		

**DECLARATION OF STUDENT**

I hereby certified that the facts set forth in the above application and any submitted materials are True and completed to the best of my knowledge. The administrators of the fund are hereby Authorized to make investigation on my financial and academic status.

<b>Applicant`s Name</b>	
<b>Applicant`s Signature</b>	
<b>Date</b>	



.....  
.....

**OFFICIAL USE ONLY**

Name & Signature of Official

Date / Time

.....

..... / .....

SAMPLE