

**UNIVERSITY OF EDUCATION, WINNEBA
VICE-CHANCELLOR'S COMMUNITY INITIATIVE
PROGRAMME (VCCIP)**

**FINANCIAL SUPPORT FOR NEEDY STUDENTS
(ESPECIALLY IN STEM PROGRAMMES)**

APPLICATION FORM

PERSONAL PARTICULARS OF NOMINEE

Title: Mr./Miss/Mrs: _____ Surname: _____

First Name: _____ Middle Name(s): _____

Date of Birth: _____ Place of Birth: _____

House No./GPS Address: _____ Town: _____

Home Town: _____ Region: _____

Permanent Home Address: _____

Programme of Study: _____

Faculty: _____

Index Number: _____ Year of Entry: _____

E-mail Address: _____

Telephone No: _____

Any other scholarship applied for or held by applicant: _____

PARTICULARS OF PARENTS/GUARDIAN

FATHER/GUARDIAN

Name: _____

Residential Address: _____

Telephone No.: _____

Occupation: _____

MOTHER

Name: _____

Residential Address: _____

Telephone No: _____

Occupation: _____

NB: Please, attach a copy of admission letter and WASSCE results.

DECLARATIONS**DECLARATION BY APPLICANT**

I hereby declare that the information provided are true and correct.

Name of Applicant: _____

Signature and Date: _____

DECLARATION BY PARAMOUNT CHIEF

I can confirm that the applicant comes from a poor financial background and needs financial support for his/her education. I therefore support his/her application for the VCCIP Financial Support for Needy Students.

Name: _____

Address: _____

Telephone No: _____

Signature and Date: _____

Official Stamp: