

STUDENT SCHOLARSHIP APPLICATION FORM

THE SCHOLARS AID PROGRAMME 2025

*This application is due by the **third (3rd) working day** following the official release of the 2025 B.E.C.E. results.*

PLEASE READ THE INSTRUCTIONS FOR COMPLETING THE SCHOLARSHIP APPLICATION

NB: CANDIDATES WHO ARE CURRENTLY IN **FORM TWO OR FORM THREE** OF ANY SECOND-CYCLE INSTITUTION ARE NOT ELIGIBLE FOR THIS PROGRAMME

PHOTO

Only completed and signed applications will be considered. Please submit the following items with this completed application form.

- **A MOTIVATION ESSAY (not more than 300 words); providing insights into your current circumstances, giving information on significant financial difficulties you are experiencing, personal and career goals indicating strategies for achieving them and why you feel you should be selected to receive the scholarship**
- **A COPY OF YOUR BASIC EXAMINATION CERTIFICATE EXAMINATION (BECE) RESULTS**
- **A RECOMMENDATION LETTER FROM A PERSON OF GOOD STANDING IN THE COMMUNITY SUCH AS HEADTEACHER/TEACHER/CHIEF FISHERMAN/TRADITIONAL LEADER**

APPLICANTS MUST SUBMIT ALL FORMS TO THE COLLECTION POINT (THE DISTRICT EDUCATION OFFICE)

BASIC INFORMATION

1) i. APPLICANT'S SURNAME: _____

ii. APPLICANT'S FIRST NAME: _____

iii. OTHER NAME(S): _____

2) DATE OF BIRTH: _____ PLACE OF BIRTH: _____ GENDER: _____

AGE: _____

3) HOUSE ADDRESS: _____

4) POSTAL ADDRESS: _____

5) RESIDING TOWN: _____ DISTRICT: _____

6) PHONE NUMBER: _____ EMAIL ADDRESS: _____

EDUCATIONAL BACKGROUND

7) NAME OF PRIMARY SCHOOL ATTENDED:

LOCATION OF PRIMARY SCHOOL

8) YEAR OF COMPLETION: _____

9) NAME OF JUNIOR HIGH SCHOOL ATTENDED:

LOCATION OF JUNIOR HIGH SCHOOL

10) YEAR OF COMPLETION: _____

11) BECE RESULTS AND GRADE SECTION (COMPULSORY SECTION)

CORE SUBJECTS

I.	ENGLISH LANGUAGE	GRADE: _____
II.	MATHEMATICS	GRADE: _____
III.	SCIENCE	GRADE: _____
IV.	SOCIAL STUDIES	GRADE: _____

OTHER BEST TWO (2) SUBJECTS:

V.	SUBJECT: _____	GRADE: _____
VI.	SUBJECT: _____	GRADE: _____

TOTAL GRADE: _____

PARENT/GUARDIAN DETAILS

12)NAME OF FATHER:

(SURNAME)

(FIRST NAME)

13)OCCUPATION: _____

14)DOES YOUR FATHER OWN A CANOE?

YES/NO: _____

CANOE REGISTRATION NUMBER (IF APPLICABLE): _____

15)HOW MUCH DO YOU EARN EVERY MONTH? _____

16)NUMBER OF YEARS IN BUSINESS _____

17)NAME OF FISHING COMMUNITY: _____

18)DISTRICT: _____

19)PHONE NUMBER: _____

20)E-MAIL: _____ (if available)

(if deceased, kindly specify, YES/NO): _____

21)MOTHER'S MAIDEN NAME: _____

22)OCCUPATION: _____ PHONE NUMBER: _____

23)HOW MUCH DO YOU EARN EVERY MONTH? _____

24)NUMBER OF YEARS IN BUSINESS _____

25)NAME OF FISHING COMMUNITY: _____

26)DISTRICT: _____

27)E-MAIL: _____ (IF AVAILABLE)

28)(if deceased, kindly specify, YES/NO): _____

29)NAME OF GUARDIAN: _____
(SURNAME) (FIRST NAME)

30)OCCUPATION: _____

31)DOES YOUR GUARDIAN OWN A CANOE?

YES/NO: _____

CANOE REGISTRATION NUMBER (IF APPLICABLE): _____

32)NAME OF FISHING COMMUNITY: _____

33) DISTRICT: _____

34)PHONE NUMBER: _____

35)E-MAIL: _____ (if available)

36)HOW MUCH DO YOU EARN EVERY MONTH? _____

37)NUMBER OF YEARS IN BUSINESS _____

38)WHAT TYPE OF HOUSE DO YOU LIVE IN?

39)DO YOUR PARENTS OWN OR RENT THIS ACCOMMODATION

40)HOW MANY SIBLINGS DO YOU HAVE? _____

41)HAVE YOU EVER RECEIVED ANY SCHOLARSHIP FOR YOUR PRIMARY SCHOOL EDUCATION?

YES/ NO

IF YES, PLEASE PROVIDE MORE DETAILS

42)HAVE YOU RECEIVED ANY SCHOLARSHIP FOR YOUR SECONDARY SCHOOL EDUCATION?

YES/NO

IF YES, PLEASE PROVIDE MORE INFORMATION _____

43)IS YOUR FAMILY CURRENTLY PART OF OR EVEN BEEN PART OF THE GOVERNMENT OF GHANA'S LIVELIHOOD EMPOWERMENT PROGRAMME? YES/NO

44)HAS YOUR FAMILY BENEFITED FROM ANY OF THE PREVIOUS INTERVENTIONS BY TULLOW OIL GHANA LTD? YES/NO

IF YES, PLEASE PROVIDE DETAILS

45)HOW DID YOU HEAR ABOUT THE TULLOW OIL GHANA LTD SCHOLARS' AID PROGRAMME 2025?

☐ Friend ☐ Parent ☐ School announcement ☐ Radio Advertisement ☐ Social media

OTHER: PLEASE SPECIFY _____

DECLARATION:

I, _____ affirm that all statement included in this form is true, complete and correct. I authorize the use of my photo and the investigation of all matters that deem relevant to my application, including all statements made in this application and any attachment or supporting document.

DATA PROTECTION AND DATA POLICY CONSENT

I also give my permission for my personal information to be collected, used, and shared in line with the Data Protection Act, 2012 (Act 843). I understand that this law protects my privacy and explains how my data can be handled. I also understand that my information may be used to provide me with services and for other related purposes as stated in the Act. By giving this consent, I confirm that I understand and accept how my personal information will be managed

SIGNATURE OF APPLICANT: _____

SIGNATURE OR THUMBPRINT OF PARENT/GUARDIAN: _____

DATE: _____