

# STUDENT SCHOLARSHIP APPLICATION FORM

## THE SCHOLARS AID PROGRAMME 2026

*This application is due by the **third (3<sup>rd</sup>) working day** following the official release of the 2026 B.E.C.E. results.*

### PLEASE READ THE INSTRUCTIONS FOR COMPLETING THE SCHOLARSHIP APPLICATION

NB: CANDIDATES WHO ARE CURRENTLY IN **FORM ONE AND FORM TWO** 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: \_\_\_\_\_

#### *BEST TWO (2) ELECTIVE 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: \_\_\_\_\_