

Application For Financial Support

GOOD SHEPHERD METHODIST YOUTH FELLOWSHIP

Completed forms should be returned to:
The Administrator, G.S.M.Y.F. Support Scheme



Please read this section carefully.

Please read all the information carefully before completing this form. Please write clearly and in BLOCK CAPITAL letters when completing this form.

A. PERSONAL DETAILS

Name: _____ Sex: Male Female

Date of Birth (DD/MM/YYYY): / / Marital Status: Married Single Other (please specify) _____

Permanent Home Address: _____

Home town & Region: _____

Tel. No.: _____ Email: _____

Date of Joining Fellowship (DD/MM/YYYY): / / Group: _____ Wing: _____

Class Leader: _____ Class Leader's Signature & Date: _____

B. PARENT/GUARDIAN DETAILS

Name of Parent/Guardian: _____

Permanent Address: _____

Tel. No.: _____ Occupation: _____

Relationship with Applicant: _____

Status of Applicant: Orphan Single Parent Both Parents alive

C. SPONSORSHIP DETAILS

Have you received any previous scholarship or currently receiving any scholarship? Yes No

Type of Sponsorship: Educational Trade/Apprenticeship Health *For Health Assistance, Please Attach A Doctor's Report.*

Amount Requested (in GHC): _____

Reason(s) for Applying for Sponsorship: _____

D. PROGRAMME OF STUDY/APPRENTICESHIP (for applicants of Educational/ Apprenticeship Support)

Title of Programme/Trade: _____ Tel. No.: _____

Name and Address of Institution/Shop: _____

Location: _____ Month and Year of Entry: _____

Purpose of Pursuing Trade: _____

Educational Background

Please list in chronological order all academic institutions attended.

| Name of Institution | Year of Entry | Year of Completion | Qualification |
|---------------------|---------------|--------------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

Health Assistance

Diagnoses of ailment:

Name of Health Officer/Doctor:

Name of Hospital/Clinic:

E. DECLARATION

I confirm that the information I have given is correct and true, and that no material information has been omitted. I understand that the scheme reserves the right to withdraw any assistance or offer made on the basis of information which proves to be false or misleading.

Signature: _____

Date (DD/MM/YYYY): _____

FOR OFFICE USE ONLY

Received by:

Signature: _____

Date (DD/MM/YYYY): _____

Decision:

| State | Reason |
|-------|--------|
|-------|--------|

Unconditional Offer

Conditional Offer

Reject

Bench Fees (per annum): _____

Remarks: _____

Signature & Date : **Board Chairman**

Signature & Date: **1st Vice President**