



STUDENTS LOAN TRUST FUND

PMB CT 223, Cantonments Accra
Tel: +233 (302) 231 886, 231 887, 241 196
Fax: +233 (302) 231873

Form No.

2 0 1 4 / 1 5 / [][][][]



LOAN APPLICATION FORM 2014/15 ACADEMIC YEAR SECTION A: APPLICANT INFORMATION

Personal Details

LEGAL NOTICE

"Note that whatever information you provide in your loan application would be used in assessing your financial needs. It is in your best interest to provide accurate information in the course of filling this application. However, you are liable and may be prosecuted, if found to have provided any false information with regards to your loan application".
Please, sign if you agree to the above.

Complete all questions using **BLOCK/CAPITAL** letters only and in **BLACK INK**

NB: All blanks allowed-use N/A where necessary

You are required to fill all the fields except those labelled *optional* which are not mandatory. Please note that, your loan application will not be processed if you leave any mandatory question unanswered.

Signature of New Applicant:..... Day Month Year

Student ID	SSNIT/Reference No.	
<input type="text"/>	<input type="text"/>	
National Health Insurance No.	National Identification No. (Optional)	Voters ID No. (Optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-zwich No.	E-zwich Account Name (Name used to acquire E-zwich card)	
<input type="text"/>	<input type="text"/>	
E-mail	<input type="text"/>	
<input type="text"/>		

Mobile No.

Please provide number registered in your name only

Surname	Firstname	Middlename (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Sex	Marital Status (Pls select only <u>one</u> response)
<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Cohabiting <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Never Married

Place of Birth (Village / Town / City)	Permanent Residential Address (Where you normally reside, Where you call Home.) <small>eg. Hse No. 47, Mango Crescent Asylum Down, Accra or Hse No. B287/11 Bubiashie Accra (Do not provide a Post Office Box number)</small>
<input type="text"/>	<input type="text"/>

Region of Birth	District of Birth	Locality of Birth
<input type="checkbox"/> Central <input type="checkbox"/> Greater Accra <input type="checkbox"/> Ashanti <input type="checkbox"/> Brong-Ahafo <input type="checkbox"/> Western <input type="checkbox"/> Eastern <input type="checkbox"/> Upper East <input type="checkbox"/> Volta <input type="checkbox"/> Northern <input type="checkbox"/> Upper West <input type="checkbox"/> International	<input type="text"/>	<input type="checkbox"/> Regional Capital <input type="checkbox"/> Urban <input type="checkbox"/> Rural
Postal Address (To which correspondence regarding this application should be sent) (Do not use your institution's postal address)		
<input type="text"/>		

What is the highest level of education that you have completed and have a certificate for?	Please indicate whether any of your parent is deceased? <i>(Please provide evidence/proof as a supporting document)</i>
<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Professional <input type="checkbox"/> Technical/Vocational/ Commercial <input type="checkbox"/> Training College <input type="checkbox"/> Advanced Level <input type="checkbox"/> Secondary/SHS/SSS	<input type="checkbox"/> None <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Both Mother & Father

At what stage of your education did either parent or both parents become deceased?
(Please provide evidence)

Before Basic School Whilst in Basic School Whilst in Secondary School After Secondary School



SOCIO - ECONOMIC CHARACTERISTICS

APPLICANT'S PREVIOUS EMPLOYMENT DETAILS (If Any)

(Add your previous employment details in the last three years in the formal/informal sectors in a sequential order as may be applicable. If you have ever been employed in the past)

1	Title of Job	Average Income Per Month (GH¢)	Name of Organisation / Workplace	Region of Organisation	District of Organisation	Locality of Organisation
	Start Date <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY <input type="text"/> YY Day Month Year End Date <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY <input type="text"/> YY Day Month Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> International <input type="checkbox"/> Greater Accra <input type="checkbox"/> Central <input type="checkbox"/> Western <input type="checkbox"/> Brong-Ahafo <input type="checkbox"/> Volta <input type="checkbox"/> Upper East <input type="checkbox"/> Upper West <input type="checkbox"/> Ashanti <input type="checkbox"/> Eastern <input type="checkbox"/> Northern	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Regional Capital <input type="checkbox"/> Urban <input type="checkbox"/> Rural
2	Title of Job	Average Income Per Month (GH¢)	Name of Organisation / Workplace	Region of Organisation	District of Organisation	Locality of Organisation
	Start Date <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY <input type="text"/> YY Day Month Year End Date <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY <input type="text"/> YY Day Month Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> International <input type="checkbox"/> Greater Accra <input type="checkbox"/> Central <input type="checkbox"/> Western <input type="checkbox"/> Brong-Ahafo <input type="checkbox"/> Volta <input type="checkbox"/> Upper East <input type="checkbox"/> Upper West <input type="checkbox"/> Ashanti <input type="checkbox"/> Eastern <input type="checkbox"/> Northern	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Regional Capital <input type="checkbox"/> Urban <input type="checkbox"/> Rural
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APPLICANT'S PREVIOUS EDUCATION

(Please provide details of your previous school attended in sequential / chronological order.
Details on your primary school, Junior High School and Secondary School are required.

1	In which Region is the school located <input type="checkbox"/> International <input type="checkbox"/> Greater Accra <input type="checkbox"/> Central <input type="checkbox"/> Western <input type="checkbox"/> Brong-Ahafo <input type="checkbox"/> Volta <input type="checkbox"/> Upper East <input type="checkbox"/> Upper West <input type="checkbox"/> Ashanti <input type="checkbox"/> Eastern <input type="checkbox"/> Northern	In which district is the school located <table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> Enrollment Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Completion Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																									Name of School <table border="1" style="width: 100%; height: 80px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																					Who was responsible for your fees? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Other Relative <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Self	Who was responsible for your upkeep in school? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Other Relative <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Self
2	In which Region is the school located <input type="checkbox"/> International <input type="checkbox"/> Greater Accra <input type="checkbox"/> Central <input type="checkbox"/> Western <input type="checkbox"/> Brong-Ahafo <input type="checkbox"/> Volta <input type="checkbox"/> Upper East <input type="checkbox"/> Upper West <input type="checkbox"/> Ashanti <input type="checkbox"/> Eastern <input type="checkbox"/> Northern	In which district is the school located <table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> Enrollment Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Completion Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																									Name of School <table border="1" style="width: 100%; height: 80px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																					Who was responsible for your fees? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Other Relative <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Self	Who was responsible for your upkeep in school? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Other Relative <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Self
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EMPLOYMENT INFORMATION

FATHER'S PREVIOUS EMPLOYMENT DETAILS

(IF YOUR FATHER IS DECEASED, SKIP ALL INFORMATION RELATED TO FATHER ON THIS PAGE)
 (Add your father's previous employment details in the last three years in the formal/informal sectors in a sequential order as may be applicable. If your father has ever been employed in the past)

1	Title of Job	Average Income Per Month (GH¢)	Name of Organisation/ Workplace	Region of Organisation	District of Organisation	Locality of Organisation																																																																																																																																																																								
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MOTHER'S INFORMATION

(IF YOUR MOTHER IS DECEASED, SKIP ALL INFORMATION RELATED TO MOTHER ON THIS PAGE)

MOTHER'S CURRENT EMPLOYMENT DETAILS

Please provide details of your mother's current employment status

Employment Status <i>(Strictly for applicant's who tick employed part time / employed full time for mother)</i> <i>(Pls select only one response)</i>			Employer <i>(Strictly for applicant's who tick employed part time / employed full time for mother)</i> <i>(Pls select only one response)</i>			Occupation <i>(Strictly for applicant's who tick employed part time / employed full time for mother)</i>																																																																																
<input type="checkbox"/> Employed (Part time) <input type="checkbox"/> Employed (Full Time) <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed			<input type="checkbox"/> Multinational <input type="checkbox"/> Self Employment <input type="checkbox"/> Private Sector <input type="checkbox"/> Government <input type="checkbox"/> None			<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																
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Mother's Disabilities

Has your mother any form of disability? Yes No

If yes what is the nature of the disability?

Disability <i>(Please select only one response)</i>	Level (Percentage)	How long has your mother been disabled?													
<input type="checkbox"/> Visual Impairment	<table border="1"><tr><td></td><td></td><td></td></tr></table> %				<table border="1"> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>DAY(S)</td> <td>WEEK(S)</td> <td>MONTH(S)</td> <td>YEAR(S)</td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DAY(S)	WEEK(S)	MONTH(S)	YEAR(S)
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	DAY(S)	WEEK(S)	MONTH(S)	YEAR(S)											
<input type="checkbox"/> Physical Disability	<table border="1"><tr><td></td><td></td><td></td></tr></table> %				<table border="1"> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>DAY(S)</td> <td>WEEK(S)</td> <td>MONTH(S)</td> <td>YEAR(S)</td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DAY(S)	WEEK(S)	MONTH(S)	YEAR(S)
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<input type="checkbox"/> Other <i>(Please specify)</i>	<table border="1"><tr><td></td><td></td><td></td></tr></table> %				<table border="1"> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>DAY(S)</td> <td>WEEK(S)</td> <td>MONTH(S)</td> <td>YEAR(S)</td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DAY(S)	WEEK(S)	MONTH(S)	YEAR(S)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	DAY(S)	WEEK(S)	MONTH(S)	YEAR(S)											



EMPLOYMENT INFORMATION

MOTHER'S PREVIOUS EMPLOYMENT DETAILS

(IF YOUR MOTHER IS DECEASED, SKIP ALL INFORMATION RELATED TO MOTHER ON THIS PAGE)
 (Add your mother's previous employment details in the last three years in the formal/informal sectors in a sequential order as may be applicable. If your mother has ever been employed in the past)

1	Title of Job	Average Income Per Month (GH¢)	Name of Organisation/ Workplace	Region of Organisation	District of Organisation	Locality of Organisation																																																																																																																																																																								
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SECTION F: GUARDIAN'S INFORMATION

(1) GUARDIAN'S PERSONAL DETAILS

(PLS SKIP THIS PAGE IF YOU DO NOT HAVE A GUARDIAN)

Voter ID No. <i>(Optional)</i>		Relationship to Guardian <i>(How are you related to your guardian) (Pls select only <u>one</u> response)</i>	
<input type="text"/>		<input type="checkbox"/> Brother <input type="checkbox"/> Cousin <input type="checkbox"/> Nephew <input type="checkbox"/> Niece <input type="checkbox"/> Sister	
SSNIT No. <i>(If applicable)</i>		National Health Insurance No. <i>(Optional)</i>	National Identification No. <i>(Optional)</i>
<input type="text"/>		<input type="text"/>	<input type="text"/>
Surname		Firstname	Middlename <i>(optional)</i>
<input type="text"/>		<input type="text"/>	<input type="text"/>
Phone Number <i>Please provide number registered in your guardian's name only.</i>		Postal Address	
<input type="text"/>		<input type="text"/>	
Date of Birth		Place of Birth <i>(Village / Town / City)</i>	
<input type="text"/>		<input type="text"/>	
Region of Birth <i>(Pls select only <u>one</u> response)</i>		District of Birth	Locality of Birth <i>(Pls select only <u>one</u> response)</i>
<input type="checkbox"/> International <input type="checkbox"/> Greater Accra <input type="checkbox"/> Ashanti <input type="checkbox"/> Central <input type="checkbox"/> Western <input type="checkbox"/> Eastern <input type="checkbox"/> Brong-Ahafo <input type="checkbox"/> Volta <input type="checkbox"/> Northern <input type="checkbox"/> Upper East <input type="checkbox"/> Upper West		<input type="text"/>	<input type="checkbox"/> Regional Capital <input type="checkbox"/> Urban <input type="checkbox"/>
Region of Residence <i>(Pls select only <u>one</u> response)</i>		District of Residence	Locality of Residence <i>(Pls select only <u>one</u> response)</i>
<input type="checkbox"/> International <input type="checkbox"/> Greater Accra <input type="checkbox"/> Ashanti <input type="checkbox"/> Central <input type="checkbox"/> Western <input type="checkbox"/> Eastern <input type="checkbox"/> Brong-Ahafo <input type="checkbox"/> Volta <input type="checkbox"/> Northern <input type="checkbox"/> Upper East <input type="checkbox"/> Upper West		<input type="text"/>	<input type="checkbox"/> Regional Capital <input type="checkbox"/> Urban <input type="checkbox"/> Rural
What is the highest level of education that your Guardian has completed and has a certificate for? <i>(Pls select only <u>one</u> response)</i>			
<input type="checkbox"/> Middle /JHS/JSS <input type="checkbox"/> Secondary/SHS/SSS <input type="checkbox"/> Primary <input type="checkbox"/> Tertiary		<input type="checkbox"/> None <input type="checkbox"/> Professional Training (eg. Teacher training , Nursing training) <input type="checkbox"/> Technical/Vocational/ Commercial	

(2) GUARDIAN'S CURRENT EMPLOYMENT DETAILS

Employment Status <i>(Strictly for applicant's who tick employed part time / employed full time for guardian) (Pls select only <u>one</u> response)</i>		Employer <i>(Strictly for applicant's who tick employed part time / employed full time for guardian) (Pls select only <u>one</u> response)</i>		Occupation <i>(Strictly for applicant's who tick employed part time / employed full time for guardian)</i>	
<input type="checkbox"/> Employed (Part time) <input type="checkbox"/> Employed (Full Time) <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed		<input type="checkbox"/> Multinational <input type="checkbox"/> Government <input type="checkbox"/> Self Employment <input type="checkbox"/> None <input type="checkbox"/> Private Sector		<input type="text"/>	
Name of Employer <i>(Strictly for applicant's who tick employed part time / employed full time for guardian)</i>		Address of Employer <i>(Strictly for applicant's who tick employed part time / employed full time for guardian)</i>		Employment Start Date <i>(Strictly for applicant's who tick employed part time / employed full time for guardian)</i>	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Region of Employment <i>(Pls select only <u>one</u> response) (Strictly for applicant's who tick employed part time / employed full time for guardian)</i>		District of Employment		Locality of Employment <i>(Pls select only <u>one</u> response) (Strictly for applicant's who tick employed part time / employed full time for guardian)</i>	
<input type="checkbox"/> International <input type="checkbox"/> Greater Accra <input type="checkbox"/> Ashanti <input type="checkbox"/> Central <input type="checkbox"/> Western <input type="checkbox"/> Eastern <input type="checkbox"/> Brong-Ahafo <input type="checkbox"/> Volta <input type="checkbox"/> Northern <input type="checkbox"/> Upper East <input type="checkbox"/> Upper West		<input type="text"/>		<input type="checkbox"/> Regional Capital <input type="checkbox"/> Urban <input type="checkbox"/> Rural	



SECTION H: HOUSEHOLD DEPENDANTS

A household implies a person or group of people occupying same dwelling and sharing one common unit, sleeping or eating arrangements. It refers to all individuals who live in the same dwelling or house with you e.g. your parents and siblings. It does not include other tenants and relatives who are living in different buildings within the same compound even if they share the same bathroom or toilet facility within the compound.

HOUSEHOLD DEPENDANT(S) INFORMATION

(Please complete this page based on the number of dependant(s) in your household, if you have no dependant indicate N/A and move to the next page). **Complete extra sheets of this page if you have more than one dependant**

Please provide personal and disability details of your household dependant(s), if any, otherwise go to the next page. A household dependant is any person (child or adult) who is/are currently in school and/or who is/are being catered for in the household. *Please be informed that supporting documents such as birth certificate(s) will be required as evidence from applicants who indicated that, they had household dependants*

Name of Dependand(s)	Number of Dependand(s)
<input type="text"/>	<input type="text"/>

Relationship to Applicant
<i>(Pls select only one response)</i>
<input type="checkbox"/> Brother <input type="checkbox"/> Cousin <input type="checkbox"/> Daughter <input type="checkbox"/> Nephew <input type="checkbox"/> Niece <input type="checkbox"/> Sister <input type="checkbox"/> Son

Date of Birth	Gender	Is Dependand currently in school?
<input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Region of School	District of School	Name of School
<i>(Pls select only one response)</i> <input type="checkbox"/> Central <input type="checkbox"/> Greater Accra <input type="checkbox"/> Ashanti <input type="checkbox"/> Brong-Ahafo <input type="checkbox"/> Western <input type="checkbox"/> Eastern <input type="checkbox"/> Upper East <input type="checkbox"/> Volta <input type="checkbox"/> Northern <input type="checkbox"/> Upper West	<input type="text"/>	<input type="text"/>

Educational Level of Dependand
<i>(Pls select only one response)</i> <input type="checkbox"/> Middle /JHS/JSS <input type="checkbox"/> None <input type="checkbox"/> Secondary/SHS/SSS <input type="checkbox"/> Professional Training (eg. Teacher training , Nursing training) <input type="checkbox"/> Primary <input type="checkbox"/> Technical/Vocational/ Commercial <input type="checkbox"/> Tertiary

Do you have any form of disability? Yes No

If yes what is the nature of the disability?

Disability	Level (Percentage)	How long has this disability lasted?
<input type="checkbox"/> Visual Impairment	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> DAY(S) <input type="text"/> <input type="text"/> WEEK(S) <input type="text"/> <input type="text"/> MONTH(S) <input type="text"/> <input type="text"/> YEAR(S)
<input type="checkbox"/> Physical Disability	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> DAY(S) <input type="text"/> <input type="text"/> WEEK(S) <input type="text"/> <input type="text"/> MONTH(S) <input type="text"/> <input type="text"/> YEAR(S)
<input type="checkbox"/> Hearing	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> DAY(S) <input type="text"/> <input type="text"/> WEEK(S) <input type="text"/> <input type="text"/> MONTH(S) <input type="text"/> <input type="text"/> YEAR(S)
<input type="checkbox"/> Speech	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> DAY(S) <input type="text"/> <input type="text"/> WEEK(S) <input type="text"/> <input type="text"/> MONTH(S) <input type="text"/> <input type="text"/> YEAR(S)
<input type="checkbox"/> Other (Please specify)	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> DAY(S) <input type="text"/> <input type="text"/> WEEK(S) <input type="text"/> <input type="text"/> MONTH(S) <input type="text"/> <input type="text"/> YEAR(S)



SECTION I: FINANCING AND COST OF EDUCATION

FINANCING AND COST OF EDUCATION

On the average, how much do you expect to spend on your tertiary education for this academic year?

Please select the appropriate option.

ACADEMIC FEES (AFUF, FEE PAYING, TUITION) FOR THIS ACADEMIC YEAR

- Below GHC 500 Between GHC 500 - 699 Between GHC 700 - 899 Between GHC 900 - 1099
 Between GHC 1100 - 1299 Between GHC 1300 - 1500 Above GHC 1500

Residential/Accommodation/Rent while in school for this academic year?

(This is for only those who reside in Halls of Residence, Hostels and Rented Rooms etc.)

- None Below GHC 500 Between GHC 500 - 699 Between GHC 700 - 899
 Between GHC 900 - 1099 Between GHC 1100 - 1299 Between GHC 1300 - 1500 Above GHC 1500

On the average, how much do you expect to spend on feeding this semester?

(Please select the appropriate option)

FEEDING

- Below GHC 500 Between GHC 500 - 699 Between GHC 700 - 899 Between GHC 900 - 1099
 Between GHC 1100 - 1299 Between GHC 1300 - 1500 Above GHC 1500

On the average, how much do you expect to spend on transportation in a month?

(Please select the appropriate option)

TRANSPORTATION

- None Below GHC 10 Between GHC 10 - 29 Between GHC 30 - 49 Between GHC 50 - 69 Between GHC 70 - 90 Above GHC 90

How much financial assistance do you expect from the following sources toward the funding of your education this academic year?

(Please select the appropriate option)

PARENTS/GUARDIAN

- None Below GHC 500 Between GHC 500 - 699 Between GHC 700 - 899
 Between GHC 900 - 1099 Between GHC 1100 - 1299 Between GHC 1300 - 1500 Above GHC 1500

PERSONAL

- None Below GHC 500 Between GHC 500 - 699 Between GHC 700 - 899
 Between GHC 900 - 1099 Between GHC 1100 - 1299 Between GHC 1300 - 1500 Above GHC 1500

BENEFACTOR

(A Benefactor is any organization or an individual who provides assistance or aid in any form to you apart from your father, mother or guardian)

- None Below GHC 500 Between GHC 500 - 699 Between GHC 700 - 899
 Between GHC 900 - 1099 Between GHC 1100 - 1299 Between GHC 1300 - 1500 Above GHC 1500

OTHERS *(Please select only one response)*

(such as friends and well-wishers etc)

- None Below GHC 500 Between GHC 500 - 699 Between GHC 700 - 899
 Between GHC 900 - 1099 Between GHC 1100 - 1299 Between GHC 1300 - 1500 Above GHC 1500

EMPLOYER

(Applicable only if you are currently working)

- None Below GHC 500 Between GHC 500 - 699 Between GHC 700 - 899
 Between GHC 900 - 1099 Between GHC 1100 - 1299 Between GHC 1300 - 1500 Above GHC 1500

SPOUSE

(Applicable only if you indicated that you are married)

- None Below GHC 500 Between GHC 500 - 699 Between GHC 700 - 899
 Between GHC 900 - 1099 Between GHC 1100 - 1299 Between GHC 1300 - 1500 Above GHC 1500

If you fall sick and have to go to hospital how would you pay for your medical expenses?

(Multiple responses possible)

- Self Parent Guardian Institution NHIS Other

In the past twelve months how many times did you fall ill and had to go to the healthcare facility?

In the past twelve months how much did you spend on the average, each time you fell ill and had to go to visit the health facility? *(Pls select only one response)*

- None Below GHC 10 Between GHC 10 - 39 Between GHC 40 - 69 Between GHC 70 - 100 Above GHC 100



Turn Over To Fill Applicable Agreement Forms

1. SSNIT Guarantor Deed of Agreement
2. Other Form of Guarantor Deed of Agreement
3. Student Loan Agreement Form



STUDENTS LOAN TRUST FUND

SSNIT GUARANTOR DEED OF AGREEMENT

SSNIT FORMAL / SSNIT INFORMAL GUARANTOR INFORMATION

(THIS SECTION IS STRICTLY FOR APPLICANT'S USING SSNIT GUARANTORS)

Voter ID No. <i>(Optional)</i>			Relationship <i>(Pls select only <u>one</u> response)</i>					
<input type="text"/>			<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other Relative					
SSNIT No.		National Health Insurance No. <i>(Optional)</i>		National Identification No. <i>(Optional)</i>				
<input type="text"/>		<input type="text"/>		<input type="text"/>				
Surname			Firstname			Middlename <i>(optional)</i>		
<input type="text"/>			<input type="text"/>			<input type="text"/>		
Phone Number			Postal Address			Permanent Residential Address <small>(Where the guarantor normally reside) (Do not provide a Post Office Box number) (eg. Hse No. 47, Mango Crescent Asylum Down, Accra or Hse No. B287/11 Bubiashie Accra)</small>		
<input type="text"/>			<input type="text"/>			<input type="text"/>		
Date of Birth			Place of Birth <i>(Village / Town / City)</i>			Name of Current Employer/Institution		
<input type="text"/>			<input type="text"/>			<input type="text"/>		
Region of Birth <i>(Pls select only <u>one</u> response)</i>			District of Birth			Locality of Birth <i>(Pls select only <u>one</u> response)</i>		
<input type="checkbox"/> Central <input type="checkbox"/> Greater Accra <input type="checkbox"/> Ashanti <input type="checkbox"/> Brong-Ahafo <input type="checkbox"/> Western <input type="checkbox"/> Eastern <input type="checkbox"/> Upper East <input type="checkbox"/> Volta <input type="checkbox"/> Northern <input type="checkbox"/> Upper West <input type="checkbox"/> International			<input type="text"/>			<input type="checkbox"/> Regional Capital <input type="checkbox"/> Urban <input type="checkbox"/> Rural		
Region of Residence <i>(Pls select only <u>one</u> response)</i>			District of Residence			Locality of Residence <i>(Pls select only <u>one</u> response)</i>		
<input type="checkbox"/> Central <input type="checkbox"/> Greater Accra <input type="checkbox"/> Ashanti <input type="checkbox"/> Brong-Ahafo <input type="checkbox"/> Western <input type="checkbox"/> Eastern <input type="checkbox"/> Upper East <input type="checkbox"/> Volta <input type="checkbox"/> Northern <input type="checkbox"/> Upper West			<input type="text"/>			<input type="checkbox"/> Regional Capital <input type="checkbox"/> Urban <input type="checkbox"/> Rural		
What is the highest level of education that your guarantor has completed and has a certificate for? <i>(Pls select only <u>one</u> response)</i>								
<input type="checkbox"/> Middle /JHS/JSS <input type="checkbox"/> Secondary/SHS/SSS <input type="checkbox"/> Primary			<input type="checkbox"/> None <input type="checkbox"/> Professional Training (eg. Teacher training , Nursing training) <input type="checkbox"/> Technical/Vocational/ Commercial			<input type="checkbox"/> Tertiary		

DEED OF AGREEMENT

This is to certify that I (also known as" the guarantor") hereby GUARANTEE to the Trust the payment of and undertake to pay the Trust all sums of money now or from time to time hereinafter advanced by the Trust to the borrower with interest thereon at rates agreed upon by the borrower and the Trust which interest shall be capitalized in the manner agreed upon by the borrower and the Trust due to the Trust from the borrower in addition to all legal and other charges.

Day

Month

Year

Right Thumb of Guarantor

Signature/ Thumbprint

SSNIT OFFICER'S STAMP, NAME AND SIGNATURE

Name: _____

Signature/Stamp: _____

FOR GOOD CONSIDERATION, and as a condition for SLTF, to grant a loan to

.....
(Name of Student)

(the" Borrower and a student") It is hereby agreed that the Guarantor does hereby guarantee to Lender the prompt, punctual and full payment of all monies now or hereinafter due Lender from Borrower upon default of the borrower whether the borrower is notified of his/her default or not.

TERMS

- A. Until termination, this guaranty is unlimited as to amount or duration and shall remain in full force and effect notwithstanding any extension, compromise, adjustment, forbearance, waiver, release or discharge of any party obligor or guarantor, or release in whole or in part of any security granted for said indebtedness or compromise or adjustment thereto, and the Guarantor waives all notices thereto.
- B. The obligations of the Guarantor shall be at the election of Lender be primary and not necessarily secondary and SLTF shall not be required to exhaust its remedies as against Borrower prior to enforcing its rights under this guaranty against the Guarantor.
- C. The guarantee hereunder shall be unconditional and absolute and the Guarantor waives all rights of subrogation and self-off until all sums under this guaranty are fully paid.
- D. The Guarantor further waives all surety ship defenses of defenses in the nature thereof, generally. In the event payments due under this guarantee are not punctually paid upon demand, then the Guarantor shall pay all reasonable costs and attorney's fees necessary for collection, and enforcement of this guaranty.

STUDENTS LOAN AGREEMENT FORM

Passport Picture

This agreement is made this _____ day of _____ 20____ between STUDENTS LOAN TRUST FUND, a Fund established by Students Loan Trust Fund Act, 2011, Act 820 of House No. 47, 3rd Crescent Ave, Asylum Down, Accra, acting by its authorized representative (hereinafter referred to as the “LENDER”) of the one part and _____ with student number _____ and whose Social Security number is _____ (Hereinafter referred to as the “BORROWER”) of the other part

WHEREAS:

1. The Lender has established a student’s loan scheme to advance loans to students undertaking accredited courses at accredited tertiary educational institutions in Ghana in accordance with the requirement of the lender’s Trust Deed .
2. The Borrower is currently pursuing a _____ Year (*Number of years*) diploma/degree and or professional course at _____ an accredited tertiary institution.
3. At the request of the Borrower and subject to the terms and conditions of this agreement set out below and particularly explained in Appendix B attached hereto, the lender has agreed to advance loan to the borrower.

4. AMOUNT OF LOAN

The Lender shall provide the Borrower with a Loan facility agreed by the parties herein and in the subsequent year(s) of the course of study of the Borrower. The Lender shall disburse the loan amount to the borrower of each year for the borrower’s course of study by two installments. The amount of each installment shall be determined by the Lender and paid into a designated personal account of the borrower the particulars of which the borrower shall provide to the Lender.

5. TERMS AND CONDITIONS

- a) The Lender shall charge interest equal to the average Interest payable on Government of Ghana 182 day Treasury bill on total loan for the time being advanced to the borrower.
 - (i) Compounded annually during the period of study and moratorium period ;
 - (ii) Plus 2% compounded semi-annually during the payment period.
- (b) The Borrower shall repay the loan granted together with all interest accrued thereon within the prescribed period after completion of the course or as the case may be and in accordance with the payment schedule attached hereto. Refer to the schedule on the last page
- (c) The Borrower shall provide at least one Guarantor acceptable to the Lender prior to the disbursement of the first Loan
- (d) The Borrower shall have the right at any time on written notice or otherwise to the Lender to repay all or part of the loan with the accrued interest.
- (e) Penalties for default shall apply in cases of default.
- (f) The Lender shall be entitled to terminate this agreement if borrower is found to have provided false information. In the event of termination of this agreement under this clause the principal and accrued interest shall become immediately payable.
- (g) The Borrower shall notify his employer in writing of his/her obligation to the Lender and request monthly deduction from salary and pay the money to the Lender.
- (h) If the Borrower fails to complete his course of study through any cause whatsoever the borrower shall remain indebted to the lender for the loan and the entire loan shall become due immediately and payable within 12 consecutive months.
- (i) A borrower shall not be eligible for a loan during repeat year(s) of study.
- (j) The borrower shall be automatically registered for the Students Loan Protection Scheme.

STUDENTS LOAN AGREEMENT FORM

Signature of student

FINGER/THUMB PRINT OF APPLICANT

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Left Index Finger

Left Thumb

Right Thumb

Right Index Finger

SSNIT Officer Signature

(Finger prints should be taken at any SSNIT branch office, supervised by an officer who should append his/her Signature, Name and Stamp to the right)

CONSENT OF PARENT/GUARDIAN (For Applicant under 18 years only)

I, _____ (Name of Parent)

of _____
Residential Address

And with National ID number _____ and NHIS number: _____ being a
Parent/Guardian of _____ with student No. _____

consent to the grant of Loans by the Students Loan Trust Fund to my child/ward during his course of study
at _____

Postal Address _____

Signature _____

ATTESTATION FOR VISUALLY IMPAIRED PERSONS ONLY

A. Borrower

Signed by _____ after the
(Name of borrower)

Contents herein had been read and explained to him by _____

(full name, address and telephone number of the person explaining)

and seemed perfectly to understand and approve of same before his hand was guided by the said

_____ to the appropriate place on this application form to sign.
(name of person)

STUDENTS LOAN AGREEMENT FORM

(Signature of person making declaration)

B.

*** WITNESS (refer to list of persons qualified to witness)**

I wish to confirm that the applicant appeared before me and that I interviewed him/her and hereby state that the information provided in the loan application including information not supported by documentary evidence, is true to the best of my knowledge.	Name:	Official stamp
	Title/Rank:	
Signature _____	Institution:	
	Address:	
Date _____	Phone number:	

***LIST OF PERSONS QUALIFIED TO WITNESS**

- Senior Public Servants
- Metropolitan, Municipal & District Chief Executives
- Senior Medical Officers
- Coordinating Directors
- Members of recognised professional bodies (e.g. Lawyers, Accountants, Engineers, etc)
- Ministers of recognised religious bodies
- Senior Police Officers
- Senior Officers of the Ghana Armed Forces

Attention!

Please note that a witness is responsible for the sincerity of information provided. A witness is however not a guarantor and has no financial liability.

STUDENTS LOAN AGREEMENT FORM

LOAN REPAYMENT SCHEDULE

Number of Loans taken	National Service Period (Yrs)	Grace Period (Yrs)	Repayment Period (Yrs)
1	1	1	2
2	1	1	4
3	1	1	6
4	1	1	8
5	1	1	10
6	1	N/A	10
7	1	N/A	10