

Educational Pathways Application Form



Personal Information

1. Your name as it appears in official documents:
2. Family name/surname:
3. Other Name(s):
4. Date of birth (day/month/year);
5. Gender: female male
6. Nationality:
7. Home Address:
 Full street address
 Area/Locality:
 District:
 Region:
 Contact Address (If Different than Home Address):
 Telephone:
 Email address:
8. Native language (s):

Family Information

(If you do not live with your parents, go to number 11)

9. Father's Name:

Father's Occupation:

Address of Father:

Telephone:

10. Mother's Name:

Mother's Occupation:

Address of Mother:

Telephone:

11. Name of Guardian

What is your relationship to this guardian?

Guardian's Occupation

Guardian's current address

Guardian's phone number

II. Education and Activities

12 Name of Senior High School:

Location and region of senior high school:

Contact address of high school:

Telephone number:

13. List any awards you have received:

14. List any volunteer or extra-curricular activities in which you have participated in the past four years:

III Essays

- Describe your academic and career goals. How will your studies contribute to your future career?
- The EPI scholarship is designed for students who are gifted and from families of great financial need. Please attach an essay describing why you feel you qualify for this scholarship.
- How do you expect, upon graduation that you will help in the future development of Ghana?

Applications must also include:

- High School Transcripts (Terminal Report)
- West African Senior School Certificate Exam Results (WASSCE)
- University Acceptance Letter
- Records regarding achievement tests, academic awards, honors, and substantive assessments by teachers, including letters of recommendation.

IV. Applicant Agreement

Please sign and submit this page with your application

I affirm that, to the best of my knowledge and belief, all of my statements made in this application and to the EPI staff are true and made in good faith.

Signature:

Date:

As a scholarship recipient, you will receive full support for your tuition, lodging, books and incidentals during your tertiary education. This is conditional on the following:

- That you are not currently receiving support through any other scholarship program and pledge not to accept any other scholarship while in the EPI program.
- That you maintain satisfactory academic progress with a minimum B average throughout your university program.
- That, during non-school periods, you work in a company sponsored internship program or do community service within Ghana. This includes mentorship and guidance regarding the importance of education to the youth in your home community.
- That you keep EPI informed of your contact information and academic progress and to prepare required reports as may be requested.
- That in the course of time, when and if possible, you consider contributing to EPI to help other needy students obtain their university education.
- That you allow your name to be published in association with this program and any related sponsors.

I agree that if I am awarded and accept sponsorship from Educational Pathways International, I will adhere to the terms and conditions of this scholarship. I understand that if I fail to comply with any of these requirements or if I am dishonest with any portion of this application form, my sponsorship may be withdrawn and my payments terminated. I also agree, upon graduation, that I will incur the two-year service requirements.

Signature:

Date:

Please note that all information provided in this application will be cross-checked with your university personal file. Any discrepancies will result in being removed from consideration for an EPI scholarship.

Parent/Guardian Undertaking

I hereby agree that if my child/ward is awarded sponsorship from Educational Pathways International, I will ensure that he/she adheres to the terms and conditions of this scholarship, I understand that if there is any dishonesty with any portion of this application form, the sponsorship may be withdrawn and payments terminated.

I also agree that if my child/ward opts out of the sponsorship program, I will refund the full sponsorship money for that particular academic year. Upon graduation I will also ensure that my child/ward incurs the two-year service requirement.

Name of parent/Guardian: _____

Occupation: _____

Postal Address: _____

Telephone Number: _____ **E-mail (if any)** _____

Signature:

Date: