

GIANTS SCHOLARSHIP APPLICATION FORM

Personal Information

APPLICATION NUMBER: (Will be assigned by Committee)	Date Received:
Name of APPLICANT:	
What do you need the Scholarship for?	<p><i>Check the all appropriate response</i></p> <p>SAT Application Fee (For Study Abroad) <input type="checkbox"/></p> <p>SAT Preparation <input type="checkbox"/></p> <p>Tertiary Institution Application Fee (For applying to Ghanaian School) <input type="checkbox"/></p>
<p><i>Check the appropriate response</i></p> <p>Have you ever received GSAT or GTIAF SCHOLARSHIP?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	Date of Birth:
Home Address:	Address at School:
Phone Number:	Email:
Cell Phone:	
<p><i>Check the appropriate response</i></p> <p>Are you currently a student of or did you graduate from GSTS?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Check the appropriate response</i></p> <p>Are you a: <input type="checkbox"/> Day student <input type="checkbox"/> Boarder</p> <p>Form: <input type="checkbox"/> Form 1 <input type="checkbox"/> Form 2 <input type="checkbox"/> Form 3</p>
Which House do you belong to?	Expected or Date of Graduation from GSTS:
Father's Name:	Mother's Name:
Father's Occupation:	Mother's Occupation:

SCHOLARSHIP FINANCIAL INFORMATION

APPLICATION NUMBER: (Will be assigned by Committee)	Date Received:
<p><i>Check the appropriate response (if known)</i></p> <p>Annual family income:</p> <p>0 GHC – 49,999 GHC <input type="checkbox"/></p> <p>50,000 GHC -75,000 GHC <input type="checkbox"/></p> <p>50,001 GHC - 99,999GHC <input type="checkbox"/></p> <p>100,000 GHC or above <input type="checkbox"/></p>	<p><i>Check the appropriate response (if known)</i></p> <p>Are any of your parents/guardian an alumnus of GSTS- Takoradi- Ghana?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate year of completion?</p>
What financial help can you expect from your parents (if any)?	Number of siblings living at home and supported by your parents:
Studying abroad can be very expensive. If you do not expect significant parental contribution please state how you plan to fund your education in the space on the right?	
Number of siblings in JSS, SSS or college:	Number of siblings at GSTS:
<p style="text-align: center;">Financial Information</p> <ul style="list-style-type: none"> • If applying on a needs basis, please list in the adjacent space any personal or family problems or challenges that will help us in making a decision about your application. • Skip if applying for only on merit basis. • You may attach an additional page if space is insufficient. 	

OTHER INFORMATION

APPLICATION NUMBER: (Will be assigned by Committee)	Date Received:
<p style="text-align: center;"><u>Community/Volunteer Service</u></p> <p>Are you involved with any community/voluntary service in the school or in the community?</p> <p style="text-align: center;">Yes No</p> <p>Name the Voluntary/Community Service(s):</p> <p>How long have you been involved with this voluntary work and in what capacity?</p>	<p style="text-align: center;"><u>Extracurricular Activities</u></p> <p>Are you involved in any academic extracurricular activity (eg. Science Olympiad Speech/Debate, Language/Math competitions) activities at GSTS?</p> <p style="text-align: center;">Yes No</p> <p>Name the activities:</p> <p>Collectively, how long have you been involved with these activities?</p>
<p>List any other extracurricular activities/work/ Leadership experience not mentioned above (eg. Prefect, cadets, choir, tae kwando, soccer (house or school team), athletics (house or school team) etc.</p>	<p>List any award(s), certificates, citation(s), Honors or Leadership Citations received <i>bullets</i>.</p>
<p>If taking the SAT, indicate the following dates under consideration</p>	<p>SAT Test Date (day/month/year):</p> <p>Registration Deadline (day/month/year):</p>
<p>If applying for the GTIAF Scholarship indicate the name of institution, registration deadline and registration fees for two school you plan to attend.</p>	<p>Name of School 1 / Reg. Deadline / App. Fees:</p> <p>Name of School 2 / Reg. Deadline / App. Fees</p>

ESSAY ON GOALS AND ASPIRATIONS

ESSAY INSTRUCTIONS

On a separate sheet, write and attach to this application; a typed, double spaced **ONE** page essay discussing the following:

1. Your academic goals,
2. Why you chose to attend GSTS.
3. The school(s) you are applying to and why.
4. Where you see yourself five year after graduating from school.

DO NOT WRITE YOUR NAME ANYWHERE IN THIS ESSAY OR ON THE ESSAY PAGE
(A NUMBER WOULD BE ASSIGNED TO YOUR ESSAY BY THE SELECTION COMMITTEE)

INTERVIEW:

After reviewing of all of the applications, finalists may be invited for an interview with the scholarship committee (if necessary) as a part of the final selection process.

Thank you,

GSTS ALUMNI ASSOCIATION OF NORTH AMERICA (GAA-NA)

CERTIFICATIONS

Date:

I, _____ (name) understand that any false representation made on this application could disqualify me from the scholarship I am applying to. I also certify that I understand all the conditions, requirements and limitations of this scholarship.

I hereby certify the following:

- I am currently a student of GSTS, Takoradi, Ghana or have not graduated from GSTS, Takoradi for more than 9 months.
- I am interested in pursuing my tertiary education in Ghana or outside Ghana.
- If I receive this scholarship, it is my intent to finish my education at GSTS Takoradi, Ghana
- I understand that the total amount of my scholarship is decided by the GSTS Alumni Association of North America.
- I understand that receiving this scholarship is contingent upon my continued adherence to the conditions for this scholarship.
- I agree to assist with the processing of my scholarship payments. I will ensure that all invoices received for tuition and any other fees (if requested) are forwarded to the GSTS Alumni Association of North America.
- I agree to have my scholarship eligibility reviewed by a committee if I do not comply with all the eligibility requirements. In the event of such a review, I agree to offer my utmost cooperation to the committee.
- I agree to keep the GSTS Alumni Association of North America informed about my current enrollment and academic status during SSS and through college, by completing and returning any surveys or forms sent to me by the association.
- I agree that after graduation from GSTS, I will keep the GSTS Alumni Association of North America annually informed about my educational progress and/or employment status for at least 4 years after graduation, by completing and returning any alumni surveys or questionnaires sent to me by the association.
- I understand that GSTS –NA is not responsible for applying to any university on my behalf.
- I understand that GAA-NA is not responsible for paying the financial cost associated with college if admitted. This includes but is not limited to (tuition, accommodation or any fees) charged by any university that I am admitted to.
- I understand that it is my responsibility to follow up and meet with all admission deadlines.
- I understand that it is my responsibility to pursue every financial aid (scholarships or grants) available to help with paying my school fees and other cost associated with college.
- I understand that the **GSAT SCHOLARSHIP** only covers SAT application fees and some test preparation cost.
- I understand that the **GTIAF SCHOLARSHIPS** covers application fees for only two tertiary institutions in Ghana.
- I understand that the financial cost of attending a school outside Ghana or in Ghana is **NOT** the responsibility of GAA-NA or the GAA
- I understand that the financial cost of attending a school outside Ghana or in Ghana is the sole responsibility of my parents/guardians and any other scholarships or financial aid that I may obtain.
- I certify that all the information provided in this application is true and accurate to the best of my knowledge.

Applicants Name: _____ **Applicants Signature:** _____ .

Witness Name: _____ **Witness Signature:** _____ .

COMPLETION BY HEADMASTER OR DESIGNEE

Please **enter subjects and grades** for last Two or three terms in the table below

Term-	Term-	Term-

Is **Attendance** a problem for the student? _____

Additional Comments:

Headmaster or Designee's

Signature:

Date:

Privacy Release Statement

By signing this form, you are allowing Ghana Secondary Technical School (GSTS), Takoradi, Ghana to release some information contained within your education record to the GSTS Alumni Association of North America. The information released to the association shall be used solely in making decisions about your application for a GIANT Scholarship. You may change or withdraw this authorization statement at any time by submitting a written request to the Association.

I, _____ hereby allow Ghana Secondary Technical School (GSTS) to release my information, including but not restricted to: academic, disciplinary, and extracurricular activities, upon request to the GSTS Alumni Association of North America (GAA-NA).

I, _____ also permit the Association (GAA-NA) to use my name, voice and image for fundraising, advertisement, and marketing purposes in furtherance of the Association's mission and vision.

_____ (Student's Name)

_____ Date ____/____/____

Student's Signature

_____ Parent/Guardian (Circle One)

Parent/Guardian's Name

_____ Date ____/____/____

Parent/Guardian's Signature

PLEASE ATTACH STUDENT TRANSCRIPTS