



CANDIDATE APPLICATION FORM

Personal Information

Name:

Date of birth: Age Nationality:

Gender: Marital Status:

Email:

Home Address:

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Contact Number: (Mobile) (Home)

Mother's Name:

Occupation:

Address:

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Contact Number:

Father's Name:

Occupation:

Address:

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Contact Number:

Emergency Contacts

Name: Number: Relationship:

Name: Number: Relationship:



BiiKA

National ID Number: SSNIT Number:

Bank: Branch:

Account Number: SWIFT:

Bank Address:

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Education

	Name & Location	Degree	Date started	Date ended
High school				
College/ University				
Specialized training				

Employment History

Company	Position	Date started	Date ended



References

Two (2) references other than relatives

Name: Name:

Relationship: Relationship:

Profession: Profession:

Contact Number: Contact Number:

Email: Email:

What degree do you want to pursue?

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Explain the reason for your choice of study into detail:

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How did you hear about BIIKA?

(Include contact information of referrer)

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Tell us about yourself and family background
(Include all the reasons why you should qualify for BIKA's sponsorship program. Attach extra pages, if required)

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Continuing Students

Name of Institution:
Location:
Course:
Faculty:
Level:
Index Number:

Institution Payment details

Bank: Branch:
Account Name:
Account Number: SWIFT:
Bank Address:
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Accommodation

Hall/Hostel Name:
Address:
Emergency Contact: Phone Number:



Attach copies of **supporting documents** to your application:

- National ID/Passport Copy/Ghana card
- SHS Results
- University Admission letter (If applicable)
- University Results (If applicable)
- All other supporting documents (Accommodation invoice, Tuition invoice etc.)
- Passport picture
- Portrait picture

I, acknowledge that as a beneficiary of BIIKA's sponsorship program, I am subject to and am required to comply with the foundation's policies and procedures. I understand that maintaining top grades in my course of study and compliance with the program is a condition of my continued educational sponsorship by BIIKA foundation and that failure to comply may result in disciplinary action, including termination from the program.

Date:

Signature:



For Official Use Only

Approved:

Declined:

Comments:

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By:

Signature:

Date: