

INTERNATIONAL STUDENT CARE ORGANISATION(ISCO)



H/NO.MKT 42 COMMUNITY 7 TEMA BEHIND ADWINIE MEMORIAL SCHOOL
P.O. BOX CO. 1181 TEMA-GHANA, WEST/ AFRICA
OFFICE TEL/FAX:+233-303-305104 /+233-277-671438/+233-285-038186
MOBILE:+233-244-012045/+233-243-262313/+233-208-263011
EMAIL: iscogh@yahoo.com/iscogh@hotmail.com/admissions@iscogh.org
WEBSITE:<http://www.iscogh.org>/www.iscogh.com

TO BE CONSIDERED FOR SCHOLARSHIP, PLEASE COMPLETE THIS APPLICATION AND SUBMIT IT WITH YOUR APPLICATION FOR ADMISSION.

AFFIX PHOTO
35X40MM²

STUDENT SCHOLARSHIP APPLICATION FORM

- 1.Applicant's Name:.....
FAMILY/LAST NAME FIRST/GIVEN NAME MIDDLE NAME
- 2.Date of birth(Day/Month/Year):.....
- 3.Citizenship:.....4. Passport No:.....
- 5.Current Marital Status: Single Married Divorce/Separated Widowed
- 6.Entry semester:
- 7.Anticipated graduation date:.....
- 8.Entry classification: Degree student Master's student PhD student Transfer student Study abroad
- 9.Total number in your household:.....
- Your current household includes which of the following Parents Spouse and/or Children Other
- 10.Who in the household is primarily responsible for providing for your education and living expenses while in your attend University?

(This person must sign and date this application below)

Name:.....

Relationship to Applicant:.....

Occupation:

Tel/Cell:.....

Employer:.....

11.Your currency

12.The exchange rate in your country used to convert your currency to U.S. dollars.....

13. Enter total yearly income (in U.S. dollars) for applicable household members:

A. Applicant \$..... B. Spouse \$.....

C. Parents \$..... D. Other \$.....

14. Does the person named in Question 10 own his or her home? ° Yes ° No

If yes, please answer: A. Year purchased \$..... B. Year inherited \$.....

C. Present sale value \$..... D. Purchased price \$.....

15. The primary source of household income:

° Salary/Wages ° Family owned business or farm ° Other (Specify).....

16. Indicate the value of the other assets:

A. Land & buildings \$..... B. Savings \$.....

C. Investments \$..... D. Other \$.....

17. Do you or does any member of your family have assets in another country? ° Yes ° No

If yes enter the value of assets \$..... Country where assets are held \$.....

18. Indicate the sources and amounts of money to support your university education abroad. Please be as accurate as possible in estimating your financial resources in U.S. dollars for the academic year semester. If any item does not apply to you, please enter "N/A" in that line.

Sources of funds available for educational expenses:

1. Personal income \$..... 7. Parents' income \$.....

2. Spouse's income \$..... 8. Relative/Friends \$.....

3. Savings \$..... 9. Veteran's benefits \$.....

4. Govt. assistance \$..... 10. Reimbursement \$.....

5. Grant-in-aid \$..... 11. Social Welfare \$.....

6. Loans \$..... 12. Other \$.....

TOTAL OF ESTIMATED SOURCES \$.....

Certification: we declare that the information on this application is true, correct and complete.

Signature of Student:..... Date:.....

Signature of Primary Provider:..... Date:.....

ESSAYS FOR SCHOLARSHIP APPLICATIONS ONLY

*All applicants are required to complete Essay **P** by typing in MS Word using cambria(12).

*In addition to Essay **P**, please complete Essay **Q**, if you are interested in medicine.

*All other applicants are to complete Essay **R**, in addition to Essay **P**.

*The Essays can be created as a word document attachment.

P. Personal Motivational Statement: Please provide personal information that is otherwise not included in the application. **Maximum 1500 words.**(Required of all candidates).

Q. Please describe your commitment to dedicating at least a part of your professional life to practicing medicine in a developing country or underserved region. **Maximum 800 words.**

R. Please discuss the most significant issue affecting the future of education and development in the country in which you intend to practice your profession. Be sure to identify the country. **Approximately 800 words.**

