

# **OFFICE OF ADMISSIONS**

## FINANCIAL AID FORM

Academic City has financial aid available for students with financial need. However, since financial aid is limited and subject to the availability of funds, it is awarded strictly to strong applicants who show genuine financial need.

If the applicant would like to request financial aid, parents or guardians are expected to complete this form with the applicant and submit it along with the application form, to enable us to review it once we deem the applicant eligible for admission. An applicant will not be considered for a financial aid award without completion of this form.

Terms and conditions as well as our payment plan are included at the end of this form.

C	OST OF ATTENDANCI	E FOR THE 2018/19 ACADEMIC	YEAR (in USD)	
Tuition & Fees		\$3,500 per semester		
	All other pro	ogrammes <b>\$2,500 per semester</b>	•	
		FINANCIAL AID FORM		
Please complete all sections	s, stating 'N/A' wher	e not applicable. Incomplete a	pplications will not be	considered.
A. General Details				
1. Which programme are yo	u applying to?			
2. What type of assistance a	re you requesting?	Need-based Financial Aid	Merit-based Scholars	hip □
Please provide your respons	e on the last page of	r your choice of programme of this form where space is provide mation is identical to your app	ed	s).
1. NAME:				
FIRST		MIDDLE	LAST	
2. DATE OF BIRTH:			3. ☐ FEMALE	☐ MALE
	DAY / MONTH / YE	EAR		
4. EMAIL ID:		5. NATIO	ONALITY:	
6. PHONE NUMBER(S):				
7. CURRENT PHYSICAL ADD	RESS:			

		STREET ADDRESS	
TOWN/CITY	STATE/PR	OVINCE/REGION	COUNTRY
8. ID TYPE:		9. ID NUMBER:	
10. PREVIOUS ACADEMIC INSTITUTION AT	TENDED:		
C. PARENT DETAILS			
Please complete all relevant areas, providing and thorough with your responses to help	_		
Who has the primary responsibility for the	applicant?	Parent(s) ☐ Guardian(s) ☐	
(If parents are deceased kindly state this in		table)	
		FATHER	MOTHER
	DECEASED	In which year:	In which year:
FU	JLL NAME		
MARITA (Married to each other, Married to other, Si married, Separated, Div	_		
DESCRIBE PARENTS' MARITAL / HOME S  (As it regards to applicant, i	ITUATION		
WHO DOES APPLICANT LI	VE WITH?		
WHO WILL BE RESPONSIBLE FOR APP	PLICANT'S FEES?		
WHO WAS RESPONSIBLE FOR THE APP SECONDARY SCHO (institution mentioned in que	OOL FEES?	☐ Amount per year (in GHC):	Amount per year (in GHC):
ALSO SUPPORTING ANY OTHER FEES	S EOD THE	Amount per year (in GHC):	Amount per year (in GHC):
APPLICANT RIG		Institution Name:	Institution Name:
	EMAIL ID		
CELL / MOBILE PHONE	NUMBER		
RESIDENTIAL	ADDRESS		
POSTAL	ADDRESS		

CURRENT OCCUPATION		
(e.g. Own business or employme		
POSITION OR TITLE AT OCCUPATI		
EMPLOYER / COMPANY NA	ME	
PHYSICAL ADDRESS OF WORKPLA	ACE	
BUSINESS PHONE NUME	BER	
INCOME: PRIMARY SALARY + ALLOWAN	CES GHC	GHC
(Annual, Net, In G		
INCOME: TOTAL OTHER INCO		GHC
(Annual, Net, In G		
(e.g. income from property in section D and oth		6116
INCOME: OTHER FINANCIAL SUPPO		GHC
(Annual, In G		
(e.g. from friends/relatives, excluding what Guardian Sponsor will provi		
**TOTAL ANNUAL INCO		GHC
**TOTAL ANNUAL INCOME OF FATHER + MOTH		GHC
HIGHEST LEVEL OF EDUCATI		0.1.0
(Primary, JHS, SHS, University, other tertiary (expla		
Graduate School, Other (expla	-	
relev	ant	
**Kindly attach copies of the following for <b>both fa</b>	ather and mother as supporting docum	entation for above information:
☐ <b>Pay slips</b> for the last 3 months		
☐ <b>Bank statements</b> covering the last 3 m	onths' account activities	
☐ <b>Proof</b> of above mentioned <b>occupation</b>		
☐ Any other relevant documents that pro		amily income and occupation
☐ Death certificate(s), if parent deceased		anny meetile and decapation
D. Family Assets		
Disease a result of the fallowing supertions (single		
Please answer all of the following questions (circle	e your responses).	
I. Do you or your family or your parents own a house or place of residence? Yes or No	Do you live in it? Yes or No	
Do you/your family/your parents receive income for it? Yes or No;	so, how much per year (in GHC)?	
Do you/your family/your parents make payments towards it? Yes or No;  If so, how much per year (in GHC)?		
Physical address:		
-		

	e	L NAME				
			Guardian		Spon	sor
yes, kindly comp	lete the following, statin	g N/A where no				
	d/or sponsor play a maj	•	-	pkeep? $\square$	Guardian □ Spo	nsor $\square$ No
E. Guardian	and Sponsor					
VII. Do you or yo	ur family or your parent	s own any othe	r significant asset:	s? Kindly ex	xplain:	
2. Brand:	Model:		Year:	Your ar	nnual payment (GI	HC):
1. Brand:	Model:		Year:	Your ar	nnual payment (GI	HC):
VI. Have you bee vehicle(s)? Ye	n given use of a compan s or No	y or employer	How many?			
4.Brand:	Model:	Owner:	Year:	Your ar	nnual payment (GI	HC):
3.Brand:	Model:	Owner:	Year:	Your ar	nnual payment (GI	HC):
2.Brand:	Model:	Owner:	Year:	Your ar	nnual payment (GI	HC):
<b>I. Do you or you</b> I.Brand:	r parents or guardian ov Model:	on a vehicle(s)? Owner:	Yes or No Year:	<u> </u>	do you own? nnual payment (GI	HC):
		1				
Physical address:						
Do you make pay	ments towards it? Yes o	or No If so,	how much per ye	ar (in GHC)	?	
-	come for it? Yes or No		how much per ye		?	
IV. Do you or you	ır family or your parents	s own commerc	ial property? Yes	or No		
Physical address:						
Do you make pay	ments towards it? Yes o	r No	If so, how mu	ıch per year	(in GHC)?	
	r family or your parents t the place of employme		•		you live in it? s or No	
Physical address:						
بممولم الممامية						

NAME	AGE	SC	HOOL	RELATION TO AP	PLICANT	ANNUAL FEES (GHC)
Are the applicant's parents of Kindly provide information al	bout ther	n below:				
Please provide any other in	nformatio	on you feel is relevant				
ALSO SUPPORTING ANY APF		EES FOR THE RIGHT NOW?	Amount per yea		Amount p	per year (in GHC): n Name:
WHO WAS RESPONSIBLE I SECON (institution men	NDARY SO	CHOOL FEES?	Amount per yea	□ r (in GHC):	Amount p	oer year (in GHC):
HIGHEST PRIMARY, JHS, SHS, UNIVE (EXPLAIN), GRADUATE SCI	ERSITY, OT					
BUSIN	IESS PHO	NE NUMBER				
PHYSICAL ADD	RESS OF	WORKPLACE				
EMPLOYE		PANY NAME				
(e.g. own b		employment) ON OR TITLE				
CURI		CUPATION(S)				
	PHYSIC	CAL ADDRESS				
CE	LL / MOB	ILE NUMBER				
		T YOU HAVE EMAIL ID				
IF GUARDIAN, KINDLY ST		NUMBER OF			N/A	
EXPLAIN PERSON'S RO	LE WITH	REGARDS TO				
IS THIS PERSON THE PR		DULT IN THE CANT'S LIFE?				
WHO DOES THE A	PPLICAN	LIVE WITH?				

	'	

## F. Financial Aid Worksheet:

Tuition Amount per semester for you to study at Academic City \_\_\_\_\_\_\_ in USD (\$)

Indicate breakdown of who would be supporting you to pay the above tuition fees				
	Per Semester in USD	Per Semester in GHC	Explain if not detailed elsewhere	
Parents	USD	GHC		
Guardian(s) (as in section E)	USD	GHC		
Sponsor (as in section E)	USD	GHC		
Scholarship	USD	GHC	Source name?	
Loan	USD	GHC	Source name?	
Other	USD	GHC	Source name?	
TOTAL Tuition	USD	GHC		

## Kindly state how much financial aid per semester you would require from Academic City.

Please note financial aid is limited, and awarded to select students. In order to improve your chances of being selected for financial aid, indicate cautiously only the minimum aid amount absolutely required to support you to study at Academic City.

	_ GHC per	semeste
--	-----------	---------

All financial aid applications will be reviewed by the admissions committee for selection

#### **GUIDELINES, TERMS & CONDITIONS**

Unless otherwise noted, the terms and conditions of the financial assistance provided at Academic City are as follows:

- Fees will increase annually, in accordance with inflation and the prevailing economic conditions.
- The financial aid offered:
  - Is by default available for the duration of the applicant's 4-year stay at Academic City, insofar as the applicant continues to meet the conditions for eligibility.
  - Presumes that the student will undertake a continuous degree programme, without any extraordinary breaks in or in between the academic years.
  - Requires full-time enrollment in a degree programme, starting with the first year.
- The level of financial aid or scholarship may change if
  - The level of financial need decreases or increases significantly. An adjustment may be made (but is not guaranteed) following a repeat review by Academic City of family income, household needs, etc. An increase of aid however, will only happen in exceptional cases such as the death of any of the people listed on this form as being financially responsible for the applicant. In such a case, this should be reported in writing to the Admissions or Financial Aid Office immediately.
  - The student does not make satisfactory academic progress or violates institutional policy, as determined by the Registrar's Office.
- The student must report to the Financial Aid Office, all external scholarships, loans or sponsorships they expect to receive or receive during the course of study.

**PAYMENT PLAN:** Academic City makes payment plans available for *each semester* (contact Admissions for more details)

**BUSINESS, IT, COMMUNICATION ARTS** 

**ENGINEERING** 

#### Tuition & Fees: \$2500 (per semester)

Deadline to pay full semester tuition is 31-Aug-2018

PAYMENT PLAN (1st SEMESTER)				
	Amount	Due Date (Fall '18)		
Registration Fee	USD 500.00	31-Aug-2018		
1st Installment	USD 750.00	07-Sep-2018		
2nd Installment	USD 750.00	31-Oct-2018		
3rd Installment	USD 500.00	07-Dec-2018		
TOTAL	USD 2,500.00			

- 1. Registration Fee is non-refundable
- 2. Late fee penalty of USD 100 will be charged for each installment payment delayed up to 3 business days
- 3. Installment payment **delays beyond 3 business days** will not be acceptable and may be grounds for withdrawal
- 4. **Extended Payment Plan available.** Additional USD 50 will be charged on each additional installment (max 2 additional installments acceptable)

#### Tuition & Fees: \$3500 (per semester)

Deadline to pay full semester tuition is 31-Aug-2018

PAYMENT PLAN (1st SEMESTER)				
	Amount	Due Date (Fall '18)		
Registration Fee	USD 500.00	31-Aug-2018		
1st Installment	USD 1,050.00	07-Sep-2018		
2nd Installment	USD 1,050.00	31-Oct-2018		
3rd Installment	USD 900.00	07-Dec-2018		
TOTAL	USD 3,500.00			

- 1. Registration Fee is non-refundable
- 2. Late fee penalty of USD 100 will be charged for each installment payment delayed up to 3 business days
- 3. Installment payment **delays beyond 3 business days** will not be acceptable and may be grounds for withdrawal
- 4. **Extended Payment Plan available.** Additional USD 50 will be charged on each additional installment (max 2 additional installments acceptable)

**DECLARATION:** We hereby solemnly affirm and declare that the information provided in this form is correct and the supporting documents submitted are genuine in all respects. In case any information or document is found to have been inaccurate or falsified, then the same may render this form null and void, and may result in Academic City revoking financial aid or scholarship and dismissing the student from the institution, with the applicant liable to disciplinary action by Academic City. We understand that the applicant's admission, continuous financial aid/scholarship and continuous enrolment are governed by the statutes of Academic City, and the applicant shall abide by all rules and regulations applicable to Ghanaians / foreign nationals in Ghana.

### Name and Signature of Parents, Guardian, Sponsor, where applicable and Applicant:

SIGNATURE OF PARENT 1:	DATE:
SIGNATURE OF PARENT 2:	DATE:
SIGNATURE OF GUARDIAN:	DATE:
SIGNATURE OF SPONSOR:	DATE:
SIGNATURE OF APPLICANT:	DATE:

## **Applicant explanation:**

Please provide your response to question A.3 in the space provided below

In 400 or fewer words, explain why you would like to be considered for financial aid or a scholarship. Also provide details on why you are applying to Academic City and the motivation for your choice of programme of study.