



Passport Picture



PART C

REGIONAL MARITIME UNIVERSITY



APPLICATION FORM

MAKE SURE YOU READ REQUIREMENTS BEFORE MAKING YOUR CHOICE.

Please tick the required

- **Scholarship** ☐
- **Financial aid** ☐

A. 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:

Digital Address:

Area/Locality:

District:

Region:

Contact Address

(If Different than Home Address:

.....

Telephone:

Email address:

8. Native language(s):

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FAMILY INFORMATION

9. Father's Name:

Father's Occupation:

Address of Father

Telephone

10. Mother's Name:

Mother's Occupation:

Address of Mother

Telephone

11. Number of Siblings :.....

12. Name of Guardian

What is your relationship with this guardian?

Guardian's Occupation

Guardian's current address

Guardian's phone number.....

B. EDUCATION AND ACTIVITIES

13. Name of Senior High School:

Location and region of Senior High school:

Contact Address of High School

Telephone Number

14. List any awards/certificate you have received for volunteer or extra-curricular activities in which you have participated:

Award(s)/Certificate	Institution	Year

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C. ESSAYS

The RMU **Scholarship/Financial Aid** is designed for students who are gifted and from families of great financial need.

In an essay of 250 words:

- (i) Explain why you feel you qualified for this Scholarship/Financial Aid.
- (ii) Describe your academic and career goals and what drew you to this field of study.
- (iii) How will your university education enable you to contribute to the growth of your country?

D. APPLICATIONS MUST ALSO INCLUDE THE FOLLOWING:

1. Continuing Students

- University result slips for continuing students
- Supporting documents stated in PART B as may apply to you

2. Fresh Students

- West African Senior School Certificate Exam Results (WASSCE)
- NACO/International Baccalaureate etc
- University Acceptance Letter and Letter of Admission
- Records regarding achievement tests, academic awards, honours, and substantive assessments by teachers, including letters of recommendation
- Supporting documents stated in PART B as may apply to you

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E. APPLICANT AGREEMENT

Please sign and submit this page with your application

To the best of my knowledge and belief, I affirm that my statements in this application and to the RMU Scholarship Management Fund are authentic and made in good faith.

Signature

Date

As a scholarship recipient, your funding will be conditional on the following:

- That you maintain satisfactory academic progress throughout your university programme.
- That you keep RMU Scholarship informed of your contact information and academic progress and prepare required reports as may be requested
- That with time, when and if possible, you consider contributing to RMU Scholarship Fund to help other needy students accomplish their university education.
- That you allow your name to be published in association with this program and any related sponsors
- That you will consider joining the RMU Scholarship Alumni Association after graduation

I agree that if I am awarded and accept sponsorship from Regional Maritime University, 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 I am dishonest with any portion of this application form, my sponsorship should be withdrawn and my payments terminated.

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 the scholarship.

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F. PARENT/GUARDIAN UNDERTAKING

I hereby agree that if my child/ward is awarded sponsorship from Regional Maritime University Scholarship, I will ensure that he/she adhere 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 academic year.

Name of Parent/Guardian _____

Occupation _____

Postal Address _____

Telephone Number _____

Email (if any) _____

Residential Address _____

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G. OFFICIAL USE

Remarks after background check:.....
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H. RECOMMENDATION:

Application Approved ()

Application Declined ()

Reason(s):.....
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.....

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