

# OHAACares

An Assistance and Assurance Plan for OHAA Students

## FORM 1

### GUARDIAN-1 INFORMATION

Relationship to Student  Father  Mother  Grandparent  Stepfather  Stepmother

**NB:** If Guardian is none of the above options, the scholarship will not be available.

Last Name:	Ghana Post GPS Address:
First Name:	Home phone:
Date of Birth:	Cell Phone:
Email Address:	Guardian Social Security No.:
Country:	Religious Affiliation:

### GUARDIAN-2 INFORMATION

Relationship to Student  Father  Mother  Grandparent  Stepfather  Stepmother

**NB:** If Guardian is none of the above options, the scholarship will not be available.

Last Name:	Ghana Post GPS Address:
First Name:	Home phone:
Date of Birth:	Cell Phone:
Email Address:	Guardian Social Security No.:
Country:	Religious Affiliation:

## FORM 2

### GUARDIAN-1 EMPLOYMENT/COMPANY DETAILS

Marital Status of Parents <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Household Size / No.:
Company:	
Position:	Annual Income:
Other Sources of Income:	

### GUARDIAN-2 EMPLOYMENT/COMPANY DETAILS

Marital Status of Parents <input type="checkbox"/> Married <input type="checkbox"/> Divorced	
Company:	
Position:	Annual Income:
Other Sources of Income:	

Please explain any unusual circumstances:  Child-support ending  Unemployment  Seasonal Work  
 Other, Please Specify.....  
 .....

### REFERENCES

Please list one educator and at least one community member who would recommend your child for the scholarship. All the information is confidential.

REFERENCE-1 (EDUCATOR)	REFERENCE-2 (COMMUNITY MEMBER)
Full Name:	Full Name:
Phone Number:	Phone Number: