

# Application For Admission



EKGs CULINARY INSTITUTE  
P.O.Box DS 797, Dansoman Estate  
Accra-Ghana

Phone: 0302-307293 / 024-4224059  
026-4224059  
www.ekgsghana.com

Date:

**1. Personal Data**

Please check:  Mr  Mrs  Ms

|             |                      |
|-------------|----------------------|
| Name:       | <input type="text"/> |
| Address:    | <input type="text"/> |
| City:       | <input type="text"/> |
| Region:     | <input type="text"/> |
| SS Number:  | <input type="text"/> |
| Email:      | <input type="text"/> |
| Home Phone: | <input type="text"/> |
| Cell Phone: | <input type="text"/> |

Sex:  Male  Female Nationality

Date of Birth: Month  Day  Year

Eg. Dec. 12 1990

**2. Program of Study** (One or More selections is valid) *Required!*

|   |                                |                                   |                                       |                                 |
|---|--------------------------------|-----------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Cake Making and Decorating with Sugar Arts | <input type="checkbox"/> Basic | <input type="checkbox"/> Advanced | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Master |
| <input type="checkbox"/> Balloon, Ribbon & Floral Arts              | <input type="checkbox"/> Basic | <input type="checkbox"/> Advanced | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Master |
| <input type="checkbox"/> Cookery Arts                               | <input type="checkbox"/> Basic | <input type="checkbox"/> Advanced | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Master |
| <input type="checkbox"/> Pastry Arts                                | <input type="checkbox"/> Basic | <input type="checkbox"/> Advanced | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Master |
| <input type="checkbox"/> Brush Up Skills                            | <input type="checkbox"/> Basic | <input type="checkbox"/> Advanced | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Master |

**3. Class Session** *Required!*

|  |                 |
|--|-----------------|
| <input type="checkbox"/> Morning Class   | (07:30 - 12:30) |
| <input type="checkbox"/> Afternoon Class | (13:00 - 17:30) |
| <input type="checkbox"/> Evening Class   | (17:30 - 20:30) |
| <input type="checkbox"/> Weekend Class   | (09:00 - 14:00) |

**4. Intended Period of Study** *Required!*

|                                   |                             |
|-----------------------------------|-----------------------------|
| <input type="checkbox"/> Session1 | (Mid January - Early June)  |
| <input type="checkbox"/> Session2 | (Mid June - Early December) |

**5. Referral Source**

Advertisement  Family / Friend  School / Organisation  
 Web site  other Please Specify

**Please Continue on the Reverse Side**

**5. Education Background** *Required!*

| Type of School                   | Name of School and Complete Mailing Address | No. Years Completed | Degree / Certificate | Aggregate |
|----------------------------------|---|---------------------|----------------------|-----------|
| Jnr. Secondary School            |   |                     |                      |           |
| Snr. Secondary School            |   |                     |                      |           |
| University / College Polytechnic |   |                     |                      |           |
| Professional School              |   |                     |                      |           |
| Other                            |   |                     |                      |           |

**6. Student Activities and Interest** *\* Please separate items by comma*

I have participated in:

I am Interested in:

**7. Sponsorship / Finance** *Required!*

Sponsor: i.  Self

ii.  other Please Specify

*\* Please provide the following Information about Sponsor if you selected (ii) above*

|               |  |
|---------------|--|
| Name:         | <input style="width: 95%; height: 20px;" type="text"/> |
| Address:      | <input style="width: 95%; height: 20px;" type="text"/> |
| Home Phone:   | <input style="width: 95%; height: 20px;" type="text"/> |
| Cell Phone:   | <input style="width: 95%; height: 20px;" type="text"/> |
| Place of Work | <input style="width: 95%; height: 20px;" type="text"/> |

May we contact your sponsor?  yes  no

**8. Medical History**

Do you have any Disabilities?  yes  no If yes, Please State

Do you have any Allergies?  yes  no If yes, Please State

**9. Declaration**

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS COMPLETE AND CORRECT.  
I further understand that withholding information requested or giving false information may make me ineligible for admission and enrollment.

\_\_\_\_\_  
Applicant's Signature Date: Month Day Year

