



Please paste recent passport photograph. Do attach and submit two copies in an envelope

SCHOLARSHIP APPLICATION FORM COHORT FIVE ACADEMIC YEAR 2019/2020

Makerere University in partnership with Mastercard Foundation is implementing a Scholars Program to support academically talented yet economically disadvantaged youth from Africa to access quality undergraduate education. Only students admitted to Makerere University main campus will be considered for this scholarship. Applicants are advised to read the application guidelines before filling in the form. After completing the form, submit to Senate Building Level 4, Room 402 or send through email address to info@mcfsp.mak.ac.ug or applications@mcfsp.mak.ac.ug. Only short-listed candidates will be contacted to appear for interview. Note that the application forms are **NOT FOR SALE** and **NO PAYMENTS** should be made by the applicant at any stage of the selection process. The deadline for submission is Friday 10th May 2019 at 5.00 pm.

To be filled by applicant (Incomplete applications will not be considered)

SECTION A. PERSONAL INFORMATION OF APPLICANT

A1	Surname (Block letters)			
A2	First Name			
A3	Middle name (if any)			
A4	Date of Birth (dd/mm/yyyy) (Attach a photocopy of a birth certificate)	Age:		
A5	Sex	Male	Female	
A6	Place of Birth:	District	Country of Birth	Nationality
A7	Current Contact Address (Residence)	Village		Sub-county
		District of residence ¹		Country
A8	Name the nearest main road from the district town to your residence	Draw a sketch map of how one gets to your current residence on Page 11.		
A9	Give a distinctive feature to your residence			
A10	Home District if different from district of residence			

¹ Residence is the main place where the applicant has been living for the past two to five years



SECTION B: CONTACT INFORMATION

B1	Applicant's telephone number	
B2	Permanent email address	
B3	Guardian's name and telephone number (where applicable)	
B4	Mother's name and telephone number	
B5	Father's name and telephone number	
	School Contact Information	
B6	Former School email address	
B7	Former School telephone number(s)	
	Other Contacts	
B8	Other contact person likely to know how to reach the applicant in the future	
B9	Relationship to applicant:	
B10	Country of residence:	
B11	Contact email address:	
B12	Contact Phone(s)	

SECTION C. ACADEMIC INFORMATION

Examination		Year of undertaking this exam	State the name of the School	Overall score or grade point	State the location of the School by region i.e Western, Northern, Central or Eastern region.
C1	UACE/its equivalent <i>(attach a photocopy of result slip/certificate and Identity Card)</i> In addition, provide copies of academic reports for term 1 and 2 of senior six.				
C2	UCE/its equivalent <i>(attach a photocopy of a result slip/certificate)</i>				
C3	PLE <i>(attach a photocopy of result slip/certificate)</i>				
C4	Amount of fees paid at each level <u>PER TERM</u> <i>(attach a photocopy of school fees bank slip/School pay slip)</i>	Senior 6	TERM I	TERM II	TERM III
		Senior 4	TERM I	TERM II	TERM III
C5	Indicate the subjects offered at A level and the grades obtained in each	Subjects		Letter Grade	Grade Points
			General Paper		
			Total		

SECTION D: FAMILY BACKGROUND

Please indicate details of your parents in this section

	Particular	Father
D1	Name	
D1	Status (indicate whether alive or deceased) and provide copies of death certificate/s if applicable	
D3	Age of parents if alive	
D4	District of residence	
D5	Occupation/job title now or previously	
D6	List other sources of income	
D7	State total income per year	
D8	Organization/ place of work	
D9	Highest level of education	
D10	If deceased in NO. D1 above, state the name of the guardian	
D11	State the relationship with guardian	
D12	Guardians occupation/ source of income	
D13	Who is the head of your house hold	
D14	State the Head of Household income per year	
D15. Occupational Status of head of household (<i>tick one that applies</i>): <input type="checkbox"/> Employee - Full-Time Employment <input type="checkbox"/> Employee - Part-Time Employment <input type="checkbox"/> Self-Employed - With Employees <input type="checkbox"/> Self-Employed - Without Employees <input type="checkbox"/> Retired - With Pension <input type="checkbox"/> Retired - Without Pension <input type="checkbox"/> Not Employed		

Siblings and dependants living in the household

D16	Number of siblings				
D17	Number of dependants				
D18	Please provide detailed information about your brothers/ sisters from your parents who are either out of school or still in school				
	Name	Age	Current level of education	Name of institution where they are currently studying/ working	occupation/ source of income
1					
2					
3					
4					



5					
6					
7					
8					
9					
10					
D19	Please provide detailed information about dependants in the household				
	Name	age	Current level of education	Name of institution/ where they are currently studying/ working	Occupation/ source of income
1					
2					
3					
4					
5					
6					
7					
8					
D20	Total Number of people living in household including the applicant:				
D21	Does the household have electricity?				
D22	State the type of roofing material				

D23. Who paid for previous schooling? (check all that apply):

- Employer
- Guardian(s)
- Guardian(s) not related to scholar
- Other Relative(s)
- Parent(s)
- Scholarship (Attach recommendation from the sponsor)
- Self
- Sibling(s)
- Sponsor(s)
- Other

If 'Other', please state who paid fees



SECTION E: LEADERSHIP EXPERIENCE

E1	Describe previously held leadership position, activities, or experiences: (i.e. positions where the scholar has guided or led a group of people, a project, or a cause) Please attach a certificate(s)	
E2	State any Awards and Honors received: (i.e., secondary school citizenship award; president's medal for outstanding leadership, etc.	

E3. Participation in extracurricular activities:

- Sports: State role
- Religious Groups: State role
- School Clubs: State role
- Community services: State role
- Local organizations: State role
- Peer-to-peer groups: State role
- Other

E4. If Other, Explain

E5. If you have been a member of a team, club, organization, or association, State your role:

.....

E6. If you have previous work experience, please provide a short explanation of this experience

.....

.....

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SECTION F: COMMUNITY SERVICE EXPERIENCE

F1	Have you ever engaged in any voluntary activity (Yes or NO)	
F1	If the answer is yes. Describe your voluntary activities and experiences	
F3	Describe your aspirations for social change and	
F4	How do you plan to achieve social change through your career	



F4. Which sectors do you plan to impact through your social change aspirations?

- Agriculture
- Skilled Trades
- Small Business / Entrepreneurial
- Social & Humanitarian services
- Health & Medical
- Information Technology
- Public Service / Government
- Religious
- Education
- Other

If 'Other' please explain

F5. Which sectors do you plan to impact through your career aspirations?

- Agriculture
- Skilled Trades
- Small Business / Entrepreneurial
- Social & Humanitarian services
- Health & Medical
- Information Technology
- Public Service / Government
- Religious
- Education
- Other

If 'Other' please explain

F6	Do you have any form of disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F7	If yes, what form of disability? Attach your full photograph.	
F8	How did you get to know about the scholarship opportunity?	<input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Poster <input type="checkbox"/> MCF Staff <input type="checkbox"/> Former School <input type="checkbox"/> Friend / word of mouth <input type="checkbox"/> Website <input type="checkbox"/> Others, specify
F9	What career do you plan to pursue? (I.e. Doctor, Humanitarian Relief Worker, Entrepreneur, Teacher, etc.)	



I declare that all the information provided here is true and accurate to the best of my knowledge, and I have read and understood the note to applicants below.

Applicant:	Parent/guardian:
Name:	Name:
Signature and Date: / /2019	Signature and Date: / /2019

Please note:

1. *Filling in and submitting an application form does not guarantee one a Scholarship.*
2. *Only successful applicants will be notified at every step of the scholarship application process, and the decision of the Selection Committee will be final in the awarding of the Scholarship.*
3. *Cases of impersonation, falsification of documents, giving false/incomplete information whenever discovered will lead to automatic cancellation and/or prosecution in the Courts of Law of Uganda.*
4. *Applicants with disability will be subjected to medical examination for confirmation.*

NOT FOR



SECTION G: TO BE COMPLETE BY THE HEAD TEACHER OF YOUR FORMER ADVANCED LEVEL SECONDARY SCHOOL

Please provide your assessment (to the best of your knowledge) about the applicant on:

a) Conduct /Behaviour

- Very good
- Good
- Fair
- Poor

Please comment on the conduct of the applicant while at school:

b) Financial ability

- Rich
- Middle-class
- Needy
- Very needy

Comments on applicants previous sponsorship:

c) Leadership position held by the applicant

Name and Signature of Head Teacher (with date and stamp)

Name: _____ Signature _____ Stamp

Mobile No. _____ Date: _____ / _____ / _____



SECTION H: TO BE COMPLETED BY LOCAL COUNCIL 1 OFFICIALS FROM THE DISTRICT OF RESIDENCE

VERIFICATION OF THE APPLICATION

LC I Chairperson

a) Surname _____ Other name(s) _____

b) Village (LCI) _____ Parish _____ Sub-County _____

District _____

c) Does the applicant reside in this village? Yes/No _____

If yes, for how long _____

d) For how long have you known the applicant? _____

e) What is the applicants' district of origin? _____

f) How many biological children are in her/his family? _____

How many are independent or working? _____

g) What does/ did the father do to earn a living? _____

h) What does/did the mother do to earn a living? _____

i) Who was paying the applicants' fees at secondary school level? _____

j) Any other important information? _____

k) RECOMMENDATION:

Strongly Recommended Recommended Not Recommended

State the reason(s) for your recommendation _____

DECLARATION

I, the undersigned, hereby declare that I have carefully checked and verified the particulars stated above and certify that they are true and accurate.

Name _____

Signature _____ Stamp and Date

Telephone Number: _____

'Please note that submission of the application form does not guarantee getting the scholarship'



Scholars
Program



Please draw a sketch map to your residence

A large, empty rectangular box with a thin black border, intended for the student to draw a sketch map to their residence.



Scholars
Program

MAKERERE



UNIVERSITY