

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

APPLICATION FORM SCHOLARSHIP FOR UNDERGRADUATE PROGRAMMES FOR ACADEMIC YEAR 2024/2025

Mastercard Foundation renewed its partnership with Makerere University for the second phase of the Mastercard Foundation Scholars Program spanning until 2034. The second phase of the Program will offer 1000 Scholarships for 10 years, for selected Undergraduate and Master's Academic Programmes at the Makerere University Main Campus.

The Program aims to deepen inclusive University education and empower the youth to transform into leaders who will make meaningful contributions to national and regional development.

- a) Only students with the minimum requirements to be admitted to Makerere University -Main Campus from the categories specified in the advertisement are eligible to apply.

A Completed form should be submitted to **One of the Following Options**;

- i. Hand deliver the hard copy form to the **Mastercard Foundation Scholars Program at Makerere University Offices located at Plot 144, Pool Road, Makerere University.**
- ii. Send a scanned copy of the Scholarship Application form and all other documents (scanned and attached as ONE DOCUMENT) through the following email address: makscholarsapplications@gmail.com
- iii. **Apply directly online via** <https://apply.mcfsp.mak.ac.ug/>

- b) Only short-listed candidates will be contacted for further selection engagements.

Note that the application form is **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 14th June 2024 at 5.00 pm EAT.**

Applicants are advised to carefully read the application guidelines below before filling in the form.

ELIGIBILITY:

To be eligible to apply for the Mastercard Foundation Scholars Program at Makerere University, the following conditions must be met:

1. The applicant must be qualifying for admission at Makerere University's main campus, for the Undergraduate Degree Programmes under the Private Sponsorship Scheme. Therefore, all applicants should apply for admission at Makerere University's main campus under the Private Sponsorship Scheme.
2. The Applicant must have completed the Advanced level education (or its equivalent) in an African Country
3. The Mastercard Foundation Scholarships are restricted to individuals facing significant financial hardship.
4. Applicants must demonstrate leadership potential and a record of community service
5. Applicants should not be holders of any other Scholarship.
6. Applicants should not have registered for or completed any other undergraduate degree programme.
7. The Applicant should not exceed 28 years of age at the time of applying for the Scholarship.
8. Applicants under the categories of refugees and students with disabilities should not exceed 32 years of age at the time of applying for the Scholarship.
9. A refugee applicant must be a recognized and registered refugee with proof (refugee attestation) attached to the application form.
10. The Undergraduate Degree programmes to be considered for the Mastercard Foundation Scholarship are listed for your consideration. *(See the detailed list of courses attached on page 18-19)*

COMPLETING THE APPLICATION FORM

A completed Application should include the following:

	Item	Check
1.	Passport Photo: a) For physical submissions: One Passport size photograph with the applicant's name written at the back in block letters. b) For Submissions via Email as attachment: Scan the Application form with a passport size photo pasted on the Front Page c) For Online Portal form submission: Scan and attach the Passport Photo as shall be instructed online	
2.	A Photocopy of Advanced Level (<i>its equivalent</i>) certificate	
3.	A Photocopy of the certified Diploma Certificate (<i>where applicable</i>)	
4.	A Photocopy of Ordinary Level (<i>its equivalent</i>) certificate	
5.	A photocopy of Refugee Identification document (<i>where applicable</i>)	
6.	A photocopy of the Applicant's Proof of Registration of Birth (e.g Birth Certificate, Immunization cards)	
7.	A medical Report for the nature and level of disability (<i>where applicable</i>)	
8.	Recognitions for Leaderships engagements (<i>if applicable</i>)	
9.	Recognitions for Community work (<i>if applicable</i>)	
10	Proof of Death for Biological Parents/Guardian (e.g. death certificate, Letter from Local leadership) (<i>if applicable</i>).	
11	Copies of Fees Payment Slips for atleast one term (<i>for S.6/Form 6/Grade 12/Year 13 or its equivalent</i>)	
12	Endorsement by the Head Teacher of the A-level School attended or endorsement by the Principal of the Institute where the diploma was attained.	
13	Recommendation from the former sponsoring organization (<i>if applicable</i>)	
14	Endorsement by the Local Leadership for the Village of Residence (<i>for all non-refugee applicants</i>)	
15	Endorsement by the Camp Commandant for Refugee applicants	
16	Hand drawn map with clear directions to the Applicant's residence/home	

NOTE:

- a) *At most 70% of the Mastercard Foundation Scholarship opportunities will be awarded to female applicants while 30% will go to Male applicants with further categorization. Females are therefore encouraged to apply*
- b) *At most 25% of the Mastercard Foundation Scholarship opportunities shall be awarded to Refugees and Internally Displaced Persons (IDPs). Young people in this Category are therefore encouraged to apply*
- c) *At most 10% of the Mastercard Foundation Scholarship opportunities shall be awarded to Youth with Disabilities. Young people in this category are therefore encouraged to apply*
- d) *At most 10% of the Mastercard Foundation Scholarships shall be awarded to Youth in Refugee Hosting Communities and Minority Tribes*
- e) *Incomplete application forms will be automatically disqualified.*
- f) *This program exercises merit principles and zero tolerance for dishonesty. Any form of influence peddling by anybody will lead to the automatic disqualification of the applicant.*
- g) *Cases of impersonation, falsification of documents, or giving false/incomplete information, whenever discovered either at the time of receiving the award or afterwards will lead to automatic cancellation of the award, refund of the money already spent on a Student, and prosecution in the courts of law of Uganda.*
- h) *Makerere University appeals to the public to be aware of fraudsters within or outside of the University, who might want to take advantage of the scholarship application process by way of selling scholarship forms or soliciting for money in the hope of securing an applicant a scholarship. **THE APPLICATION FORM OF THE MASTERCARD FOUNDATION SCHOLARS PROGRAM AT MAKERERE UNIVERSITY IS FREE OF CHARGE;** individuals caught in the act of conning the public will be prosecuted in courts of law.*
- i) *The Department of Academic Registrar is responsible for all University admissions. All potential Scholarship applicants should meet the requirements **to be admitted into the University on the private sponsorship scheme.***
- j) *Only successful applicants will be notified at every stage of the scholarship application process, and the decision of the Program Steering Committee will be final in the awarding of the Mastercard Foundation Scholarship.*
- k) *Those applicants who will not have heard from us by the end of August 2024 should consider their application unsuccessful.*
- l) ***Filling and submitting an application form does not guarantee a Mastercard Foundation Scholarship at Makerere University.***

SECTIONS TO BE FILLED BY APPLICANT

SECTION A. PERSONAL INFORMATION

A1	Name (<i>Block letters</i>) as indicated on the Academic Documents		
	Name (<i>Block letters</i>)-For Refugees, write the Names on your Refugee Registration Card		
A2	Date of Birth (dd/mm/yyyy) (<i>Attach a photocopy of a birth certificate</i>)	<input type="text"/>	<input type="text"/>
A3	Age:	A4. Sex: Male <input type="radio"/> Female <input type="radio"/>	
A5	Specify under which category you are applying (<i>Tick only One Category</i>)		
	<input type="checkbox"/> Refugee	Refugee Identification Number:	
	<input type="checkbox"/> Internally Displaced Person (IDP)	Original District: Resettlement District:	
	<input type="checkbox"/> International Student:	Country:	
	<input type="checkbox"/> Person living with a disability	Please state the Form/type of Disability:	
	<input type="checkbox"/> Refugee hosting community	Refugee Settlement/Camp within vicinity:	
	<input type="checkbox"/> Minority Tribe	Tribe/Ethnic group: Tick one <input type="checkbox"/> Batwa <input type="checkbox"/> Basongora <input type="checkbox"/> Banyabindi <input type="checkbox"/> Benet <input type="checkbox"/> Ik	
	<input type="checkbox"/> Other Vulnerable Youth (<i>Ugandan</i>)		
A6	Current Contact Address for National Applicants	District of residence ¹ :	Sub-county: Village:
A7	Current Contact Address for Refugee Applicants	Country of Origin:	Hosting Country:
		Name of Settlement:	Local Administrative Unit/District:

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

		Refugee Camp/Settlement outside Uganda.	Name of resident district if you live outside a camp/settlement:
A8	Current Contact Address for International Applicants	Country of Origin:	Country of Residence:
		Town/City:	
A9	Advanced Level Education (S.6-UACE) or its equivalent	School Name:	Contact person (<i>should be one of the School Administrators</i>): Name: Position: Telephone Contact:
		Country: District/Zone/Region:	Language of Instruction:
A10	Diploma Holders	Institution Name:	Contact person (<i>should be one of the Administrators</i>): Name: Position: Telephone Contact:
		CGPA (at graduation):	

B: CONTACT INFORMATION

(For Telephone contact, please include the Country Code)

B1	Applicant	Name:	Contact:
		Email address:	
B2	Father	Name:	Contact:
B3	Mother	Name:	Contact:
B4	Guardian	Name:	Contact:
B5	Any other relative/Next of Kin:	Name:	Relationship
		Telephone Number (<i>include Country code</i>):	

Section C. ACADEMIC INFORMATION

	UACE /its equivalent	UCE/its equivalent
C1: Year of sitting		
C2: Name of the School		
C3: Country		
C4: District		
C5: Type of School (<i>e.g.</i> <i>Government/ Private/Universal Secondary Education</i>)		

C7: Indicate the subjects offered at A level and the grades obtained in each

		Subjects	Subject Grade	Grade Points
	1			
	2			
	3			
	4			
	5			
	6			
		Total		

C8: Who paid your Diploma Level Tuition?	Name:
	Relationship:
C9: Who paid your A-level Tuition?	Name:
	Relationship:
C10: State Fees for one term of A-level or its equivalent (<i>state the currency</i>). Attach evidence with other required document, if available.	



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APPLICATION FOR UNDERGRADUATE DEGREE STUDIES AT MAKERERE UNIVERSITY (Main Campus)

C11: What degree programmes did you/intend to apply for at Makerere University’s main campus?

Choice	Programme of Study
First Choice	
Second Choice	
Third Choice	

C12: Career Aspirations: - What do you want to become/do after graduating from Makerere University?

C13: What is the main reason/motivation for the career choice above?

C15: Do you have any form of disability: **YES** **NO**

C14: If Yes, Select the type of Disability that you have and the reasonable accommodation that you may need to be able to participate well in the Undergraduate Program at University? *(Please tick in both Columns).*

Form of Disability	Required Support/Reasonable Accommodation
<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> A Sign Language Interpreter assigned by the University
<input type="checkbox"/> Deaf	<input type="checkbox"/> Facilitation for my Sign Language Interpreter
<input type="checkbox"/> Blind	<input type="checkbox"/> A Personal Assistant/Guide assigned by the University
<input type="checkbox"/> Low Vision/Short Sighted	<input type="checkbox"/> Facilitation for my Personal Assistant/Guide
<input type="checkbox"/> Physical Disability-Left Arm	<input type="checkbox"/> Learning Gadgets/Computer with Jaws/ Captioner
<input type="checkbox"/> Physical Disability – Right Arms	<input type="checkbox"/> Brailed Notes/ materials
<input type="checkbox"/> Physical Disability – Both Upper Limbs	<input type="checkbox"/> Large Prints reading materials
<input type="checkbox"/> Physical Disability – Right leg	<input type="checkbox"/> Hearing Aids
<input type="checkbox"/> Physical Disability – Left leg	<input type="checkbox"/> Front Seat in Class
<input type="checkbox"/> Physical Disability – Both lower Limbs	<input type="checkbox"/> Clutches
<input type="checkbox"/> Mental Health/Psychosocial challenges	<input type="checkbox"/> White Cane
<input type="checkbox"/> Intellectual Challenges	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Accessible physical Infrastructures/building
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Medication
<input type="checkbox"/> Persons with Dwarfism/Little Persons	<input type="checkbox"/> Easy to read Version
<input type="checkbox"/> Albinism	<input type="checkbox"/> Medication
Other (please specify) _____	<input type="checkbox"/> Tactile/touch and Embossers
	<input type="checkbox"/> Sunscreen
	Other (please specify) _____

SECTION D: FAMILY BACKGROUND

Occupation of the Parents/Guardian: This information must be as detailed as possible. Scanty information will be a disadvantage to your candidature. The following categories are given as a guide but are not exhaustive.

1. If your father/mother/guardian is or was a businessperson, describe the business e.g. owns a motor garage, a retail trader/wholesaler or manufacturer (describe the categories of the goods traded)
2. If your father /mother/guardian is employed, state the position held and the organization/Ministry / Company / Agency and the corresponding salary.
3. If your father/mother/guardian is in any other economic activity, please specify

D1: Information about the Parents

	Particular	Father	Mother
D1	Name:		
D2	Is the Parent Alive (Yes/No/Not Sure)		
D3	If Not Alive, State year of Death		
D4	If Alive, State the Age /Year of Birth		
D5	Highest level of education		
D6	District of residence		
D7	Occupation/job title now or previously		
D8	Organization/place of work and Physical Address		
D9	Average income per month		

For Parents that are Deceased

D10	Name of the Guardian/Caretaker	
D11	Gender	
D12	Approximate Age/Year of Birth	
D13	State the relationship with Guardian	
D14	Occupation/job title now or previously	
D15	Guardians occupation/source of income	
D16	Average Monthly Income	

Siblings and Dependants living in the home

D17	Total Number of people living in the home (including the applicant):					
D18	Number of Siblings					
D19	Number of other Dependants					
D20	Please provide detailed information about your biological brothers/sisters (Use back page or add a sheet if more than 8)					
	Name	Age	Current level of education	Name of institution where they are currently studying	If not studying, state the occupation/source of income/where they are employed	
	i.					
	ii.					
	iii.					
	iv.					
	v.					
	vi.					
	vii.					
	viii.					
D21	Please provide detailed information about dependants in the home					
	Name	Age	Current level of education	Name of institution/ where they are currently studying	If not studying, state the occupation/source of income/ where they are employed	
	i.					
	ii.					
	iii.					
	iv.					
D22	Tick the Sources of Lighting in your home			Electricity <input type="checkbox"/>	Solar <input type="checkbox"/>	Kerosene <input type="checkbox"/>
				Other (specify).....		
D23	Tick the nature of construction for the house you are living in:			Brick & Cement <input type="checkbox"/>	Mud and Wattle <input type="checkbox"/>	
				Other (specify).....		
D24	Tick the Roofing Material			Tiles <input type="checkbox"/>	Iron Sheets <input type="checkbox"/>	Grass <input type="checkbox"/>
				Other (specify)		

SECTION E: LEADERSHIP ENGAGEMENTS

E1:	State any Leaderships Positions/Assignments held before	E2: Certificate of Recognition (Yes/No)	E3: Year of Award	E4: Awarding Body/Entity/Institution

SECTION F: ENGAGEMENT IN COMMUNITY WORK

F1: Have you engaged in any community work in the last 5 years : YES NO

F2: If the answer is YES, provide the details below:

Specific Activity undertaken	Year of Engagement	Name of Village/Community etc.	Person to validate
			Name: Position: Contact:
			Name: Position: Contact:
			Name: Position: Contact:

SECTION G: AWARENESS ABOUT THE SCHOLARSHIP OPPORTUNITY

How did you get to know about the scholarship opportunity?

Radio Newspaper Poster Program Staff Former School
 Friend/Peer Website Others (*specify*) _____



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DECLARATION:

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 and eligibility criteria.

Name of Applicant:

Name of Person supporting an Applicant with a disability:

Telephone Contact of the Applicant:

Telephone Contact of the person supporting an Applicant with a disability:

Signature of the Applicant:

Signature of the person supporting an Applicant with a disability:

Date: ____/____/2024



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SECTION H: TO BE COMPLETED BY THE ADMINISTRATOR OF YOUR FORMER ADVANCED LEVEL SECONDARY SCHOOL (Head Teacher/Director of Studies)

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

H1: Please state the Number of Terms that the Applicant attended School during his/her Advanced Level Education. _____ Terms

H2: Who was in-charge of his/her Education Expenses during this time?

Both Parents Mother Father Other Gurdian (please specify) _____ Sponsor (please specify) _____ The Applicant

H3: What was the mode of Payment for the Applicant’s fees

Cash Full Pay Cash Installments Labour Exchange Commodity Exchange

If cash payment, state the amount of fees per term

.....

H4: Did the Applicant undertake any Leadership responsibilities? YES NO

H5: Please state the Leadership engagement/responsibility _____

H6: What was the general Conduct /Behavior of the Applicant?

Excellent Very good Good Fair Poor

H7: Please explain any circumstances that makes this Applicant viable for the Scholarship Opportunity for Degree Studies at Makerere University.

.....
.....

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

Name: _____ Signature _____

Telephone contact (include County code) _____ Date: ____/____/2024



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SECTION I: TO BE COMPLETED BY LOWEST LOCAL ADMINISTRATIVE AUTHORITY FROM THE VILLAGE OF RESIDENCE *(Verification of the Application)*

I1: Name _____

I2: Village _____ Parish _____ Sub-County _____ District _____

I3: Does the applicant reside in this village? Yes/No _____ If yes, for how long _____

I4: For how long have you known the Applicant/Applicant's Family? _____

I5: Who is the Head of the Household where the Applicant lives? _____

I6: Has the applicant participated in any community engagement/service that you are aware of? Yes No

I7: If Yes, what was the community engagement about?

.....
.....

DECLARATION

I, the undersigned, hereby declare that Information shared above is true and accurate.

Name _____ Signature _____ Stamp _____

Telephone contact *(include County code)* _____ Date: ____/____/2024

SECTION J: TO BE COMPLETED BY SETTLEMENT OR CAMP COMMANDANT FOR REFUGEE APPLICANTS (*Verification of the Application*)

J1: Name of Settlement: _____

J2: Position held: _____

J3: Does the applicant reside in this Settlement? Yes No

J4: If Yes, for how long/from which year? _____

J5: Is the Applicant living with his/her Family in the Settlement? Yes No

DECLARATION

I, the undersigned, hereby declare that Information shared above is true and accurate.

Name _____ Signature _____

Telephone contact (*include County code*) _____ Date: ____/____/2024



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K. SKETCH MAP FOR APPLICANT'S RESIDENCE

**Please draw a sketch map to your residence from the nearest main road and or trading center.
*Provide Sufficient details and landmarks***

A large, empty rectangular box with a black border, intended for the applicant to draw a sketch map showing the route from their residence to the nearest main road or trading center, including sufficient details and landmarks.

Makerere University Undergraduate Degree Programmes to be considered for the Scholarships for Academic Year 2024/2025

College of Agricultural And Environmental Sciences (CAES)	College of Engineering, Design, Art and Technology (CEDAT)
Bachelor of Science in Agriculture	Bachelor of Science In Civil Engineering
Bachelor of Environmental Sciences	Bachelor of Science In Electrical Engineering
Bachelor of Science in Food Science And Technology	Bachelor of Science In Mechanical Engineering
Bachelor of Science in Agricultural Engineering	Bachelor of Science In Land Surveying and Geomatics
Bachelor of Agricultural and Rural Innovation	Bachelor of Architecture
Bachelor of Science in Agricultural Land Use And Management	Bachelor of Science In Quantity Surveying
Bachelor of Science in Horticulture	Bachelor of Science In Land Economics
Bachelor of Agribusiness Management	Bachelor of Science In Construction Management
Bachelor of Science in Human Nutrition	Bachelor of Science In Telecommunications Engineering
Bachelor of Science in Meteorology	Bachelor of Science In Computer Engineering
Bachelor of Science in Forestry	Bachelor of Industrial And Fine Arts
Bachelor of Science in Tourism and Hospitality Management	Bachelor of Urban and Regional Planning
Bachelor of Geographical Sciences	
College of Natural Sciences (CONAS)	College of Humanities and Social Sciences (CHUSS)
Bachelor of Science in Industrial Chemistry	Bachelor of Social Work and Social Administration
Bachelor of Science in Fisheries and Aquaculture	Bachelor of Journalism and Communication
Bachelor of Science – BIOLOGICAL	Bachelor of Development Studies
Bachelor of Science – PHYSICAL	Bachelor of Arts in Music
Bachelor of Science – ECONOMICS	Bachelor of Arts in Drama and Film
Bachelor of Science in Petroleum Geoscience & Production	Bachelor of Community Psychology
Bachelor of Science in Conservation Biology	Bachelor of Industrial and Organisational Psychology
Bachelor of Science in Biotechnology	
College of Veterinary Medicine, Animal Resources and Biosecurity (COVAB)	College of Computing and Information Sciences (COCIS)
Bachelor of Veterinary Medicine	Bachelor of Science In Computer Science
Bachelor of Science in Wildlife Health and Management	Bachelor of Science In Software Engineering
Bachelor of Biomedical Laboratory Technology	Bachelor of Information Systems and Technology
Bachelor of Animal Production Technology and Management	
Bachelor of Industrial Livestock and Business	
School of Law (SoL)	
Bachelor of Laws	

College of Education and External Studies (CEES)	College of Health Sciences (CHS)
Bachelor of Science With Education (Physical)	Bachelor of Medicine and Bachelor of Surgery
Bachelor of Science With Education (Biological)	Bachelor of Science in Nursing
Bachelor of Science With Education (Economics)	Bachelor of Environmental Health Science
Bachelor Of Adult and Community Education	Bachelor of Science in Speech and Language Therapy
Bachelor of Science	Bachelor of Science in Biomedical Engineering
Bachelor of Agricultural and Rural Innovation	
Bachelor of Youth Development Work	
College of Business and Management Sciences (COBAMS)	
Bachelor of Arts In Development Economics	
Bachelor of Commerce (With options: Accounting, Finance & Banking, Marketing and Insurance)	
Bachelor of Statistics	
Bachelor of Science in Quantitative Economics	
Bachelor of Science in Population Studies	
Bachelor of Science in Business Statistics	
Bachelor of Science in Actuarial Science	
Bachelor of Business Administration (With options: Procurement, Entrepreneurship, Human Resource Management and International Business)	