MAKERERE UNIVERSITY GENDER MAINSTREAMING DIRECTORATE TUITION WAIVER SCHOLARSHIP OFFERED BY MAKERERE UNIVERSITY COUNCIL APPLICATION FORM FOR 2018/2019 ACADEMIC YEAR

Attach your passport photograph here

The Gender Mainstreaming Directorate, Makerere University is managing the Tuition Waiver Scholarship offered by Makerere University Council since 2011. This Scholarship supports female students who are bright but from economically disadvantaged backgrounds to study at Makerere University Main Campus

Please read the form carefully before filling in and complete all the field using block letters only. Deadline for submission of application form is Wednesday, 12th September, 2018 at 5.00 pm. No application form will be accepted after this date.

I. PERSONAL PARTICULARS: a) Name :		
y (401110 :		
Sex		
Registration No.		Student No
College		
o) Date of Birth	Age	Place of Birth
c) District of Residence	County	
Sub County	Parish	
Village (LCI)		
 Name the nearest main ro 	oad /highway to your home	
sketch map and where a	applicable detail outstandin	ng physical features)
i) Contact address in your village	•	
Name	Tolonhono	

E-Mail					
d) Permanent a	ddress				
			elephone		
E-mail					
e) District of Original	gin	County_ Parish			
Sub-County		Parish	\	/illage	
(LCI)					
2. SCHOOLS A	TTENI	DED			
a) 'A' Level Scho	ool last	t			
attended			From(Year)	To	
Address of the s	school		,		
A' Level Index N	lo				
		: Sub-county	District		
'A' Level Subje	e <u>cts</u>				\neg
		Principal Subjects	Letter Grade	Points	_
	1				_
	3				_
	4				_
	5	General Paper			-
		Total Points			-
		Total Follits			_
b)'O' Level Scho	ool last	attended		Fror	n(Year)
To_					,
Address of the					
Location of the	Schoo	•			
		District			
•		attended		From(Y	'ear)
To_ Address of the					
Address of the	e Scho	001			
Location of the S	School	: Sub-County		District	
d) Co-curricular	activiti	es you participated in /intend to par	ticipate in		
			'		
e) I eadershin n	osition	s held if any and your role (Provide	Proof)		
c) Leadership p	OSILIOII	a field if arry and your fole (i forlide	1 1001)		
f) Career Goals					

Physical		Other name(s)	
Village (LC I) Sub-County (LCI	ll)	Parish District	
What does/did he o	do to earn a living? Please	e describe in details	
Physical location	/address of work place		Telephone No
etails of biological	l Mother (even if deceas	ed)	тетерноне по
Other name(s) Physical address			
/illage (LC I) Please include the	Telephone contact for the	Paris LC I Chairperson or Se	shcretary to the LC I Commit
Sub-County			
.CIII) What does/did she	do to earn a living? <i>Pleas</i>	District e provide details	

vi) —	Physical loc	cation/addres	ss of w	ork place -						
Telepho	one No									
		date's biolo e <i>appropria</i>			ers and	siste	rs aged betwee	en 6-17 years		
Во	th parents a	ire deceased		Mother is a	live		Father is alive			
father of sisters_	or sharing e	either mothe	r or fa otal	nther): Biologic	al broth	ers		-		
below.	many of the	above broth			tili study	ing? _		Give their de	etails	
	Name	Age	In ac	School or stitution its ddress and elephone number	Class/	year	Sub-county and District where the school is located	Relationship to the applicant	respo	of perso onsible fo fees
1.										
2.										
3.										
4.										
5.										
6.										
If yes, ir	ndicate their		qualit	fications, the jo			lo (Tick the rig d their places o	tht answer) f work in the table	e below.	
		Name		Educational Qualification or Profession			Position	Place of work a physical addr		
1										
2										

4		
5		
6		

v) Do you have any brothers or sisters who are neither in school nor employed? Yes / No (Tick the right answer)

If yes, state their names, level of education, marital status, what they do to earn a living and their physical location/address in the table below.

	Name	Marital Status	Level of Education	What he/she does to earn a living	Physical location/address
1					
2					
3					
4					

(vi) Do you have any sister/brother who has been supported by FSF/MCF? (Tick the right answer)

4. **DECLARATION**:

I certify that I have read and understood the conditions for the Scholarship Scheme and to the best of m
knowledge, the information given above is correct.

Name of Applicant		
Signature of applicant	Date	

WARNING

NOTE THAT 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