**MAKERERE UNIVERSITY**

Attach your passport photograph here

**GENDER MAINSTREAMING DIRECTORATE**

**FEES - WAIVER SCHOLARSHIP OFFERED BY**

**MAKERERE UNIVERSITY**

**APPLICATION FORM FOR ACADEMIC YEAR 2021/2022**

In 2010 Makerere University established a Fees-Waiver Scholarship Scheme managed by the Gender Mainstreaming Directorate. The Scheme supports bright female students from disadvantaged socio-economic backgrounds to study various undergraduate degree programmes at Makerere University. The scholarship is administered by Makerere University waiving off tuition and functional fees ONLY for the duration of study programmes of the scholarship beneficiaries. The applicant must be able meet other costs herself (for their feeding, accommodation and other learning necessities required by the University) for the duration of the Scholarship and study period.

The Gender Mainstreaming Directorate is pleased to announce 40 Fees Waiver scholarships for the academic year 2021/2022. All Programmes of Makerere University are eligible for this Scholarship support and each College has four slots.

Please read the form carefully before filling in and complete all the fields using block letters only. Deadline for submission of application form is Friday, 28th January 2022 at 5.00 pm, Senate Building, Level 4, Room 402. No application form will be accepted after this date.

1. **APPLICANTS PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| A1 | Surname (Block letters) |  |
| A2 | First name |  |
| A3 | Middle name (if any) |  |
| A4 | Sex (Only female applicants) | Female |
| A5 | Date of Birth |  |
| A6 | Age |  |
| A7 | Nationality |  |
| A8 | Marital Status |  |

1. **APPLICANTS COLLEGE INFORMATION**

|  |  |  |
| --- | --- | --- |
| B1 | Application Form No.(F2000) |  |
| B2 | Registration No |  |
| B3 | Student No |  |
| B4 | Programme of Study |  |
| B5 | College/School |  |

1. **APPLICANTS CONTACT INFORMATION**

|  |  |  |
| --- | --- | --- |
| C1 | Contact Telephone No.1 |  |
| C2 | Contact Telephone No.2 |  |
| C3 | Email address |  |
| C4 | District of Residence |  |
| C5 | County |  |
| C6 | Sub county |  |
| C6 | Parish |  |
| C7 | Village (LC1) |  |
| C8 | Father’s name and telephone number (If alive) | Name:  Telephone: |
| C9 | Mothers name and telephone number (If alive) | Name:  Telephone |
| C10 | Guardians name and telephone number (Where applicable) | Name:  Telephone |
| C11 | Name and telephone of person to contact in your village of residence who is not a family member | Name:  Telephone:  Relationship: |

C12. Name the nearest main road /highway to your home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C13. How far is your home from the main road/highway you have named above in Kilometres? \_\_\_\_\_\_

C14. Describe in detail how one gets to your home/village from the nearest main road/highway

***(Attach a sketch map to your home and where applicable detail outstanding physical features on page 8)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **SCHOOLS ATTENDED**

|  |  |  |
| --- | --- | --- |
| **D1** | **Name of Advanced Level School Attended** |  |
|  | From (Year) To (Year) |  |
|  | Address of the School |  |
|  | A Level Index Number |  |
|  | Location of the School | District:  County:  Sub county:  Region: |

|  |  |  |  |
| --- | --- | --- | --- |
| **D2** | **Advanced Level Subjects (Attach result slip)** |  |  |
|  | **Principal Subjects** | **Letter Grade** | **Points** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 | **Subsidiary Subject** ( ) |  |  |
| 5 | **General Paper** |  |  |
|  | **Total Points** |  |  |

|  |  |  |
| --- | --- | --- |
| **D3** | **Name of Ordinary Level School Attended** | (**Attach result slip)** |
|  | From (Year) To (Year) |  |
|  | Address of the School |  |
|  | Ordinary Level Index Number |  |
|  | Location of the School | District:  County:  Sub county:  Region: |

|  |  |  |
| --- | --- | --- |
| **D4** | **Name of Primary School Attended** |  |
|  | From (Year) To (Year) |  |
|  | Address of the School |  |
|  | Primary School Index Number |  |
|  | Location of the School | District:  County:  Sub county:  Region: |
| **D5** | **Who paid your school fees for? e.g Father, Mother, etc** |  |
|  | Ordinary level education |  |
|  | Advanced level education |  |
| **D6** | How much did they pay per term **(Attach copies of fees payment slips for at least two terms for advanced level education/school attended** | **Term I:………………………………………………………**  **Term II:………………………………………………………**  **Term III:………………………………………………………** |

1. **FAMILY BACKGROUND**

|  |  |  |
| --- | --- | --- |
| E1 | **Details of biological father (even if deceased)** | (Attach death certificate if deceased) |
|  | Surname |  |
|  | First name |  |
|  | Contact telephone no. |  |
|  | Physical location/address of work place |  |
|  | Physical location/Residence |  |
|  | Village (LC1) |  |
|  | Parish |  |
|  | Sub county |  |
|  | District |  |

E2. What does/did he do to earn a living? Please describe in details **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| E3 | **Details of biological mother (even if deceased)** | (Attach death certificate if deceased) |
|  | Surname |  |
|  | First name |  |
|  | Contact telephone no. |  |
|  | Physical location/address of work place |  |
|  | Physical location/Residence |  |
|  | Village (LC1) |  |
|  | Parish |  |
|  | Sub county |  |
|  | District |  |

E4. What does/did she do to earn a living? ***Please provide details*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_**

E5**.** Status of the candidate’s biological parents (***Please*** ***tick in the appropriate box below***).

|  |  |  |  |
| --- | --- | --- | --- |
| **Parents Status** | **Tick** | **Comments** |  |
| Both parents are deceased |  |  |  |
| Mother is alive |  |  |  |
| Father alive |  |  |  |
| Other (Specify) |  |  |  |

E6. Number of biological brothers, sisters in the family: ***(Note: Biological means having same mother and father or sharing either mother or father):***

|  |  |  |
| --- | --- | --- |
| **Siblings** | **Number** | **Comments** |
| Biological brothers |  |  |
| Biological sisters |  |  |
| **Total** |  |  |

E7. How many of the above brothers and sisters are still studying? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Give their details below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | **Age** | **School or Institutional address and telephone number** | **Class/ year** | **Sub-county and District where the school is located** | **Relationship to the applicant** | **Name of person responsible for fees** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |

E8. Do you have any brothers or sisters who are employed? Yes / No (**Tick the right answer)**

E9. If yes, indicate their names, their qualifications, the jobs they do and their places of work in the table below. Make sure you provide the right information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Educational Qualification or Profession** | **Position** | **Place of work and its physical address** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

E10. Do you have any brothers or sisters who are neither in school nor employed? Yes / No

**(Tick the right answer).**

E11**.** 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 |  |  |  |  |  |
| 5 |  |  |  |  |  |

E12. Do you have any sister/brother who has been supported by a Scholarship Program? **Yes/No**

**(Tick the right answer) ­­­­­­­­­­­­­­­­­­­­.** If yes, give more details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E12. Do you have any disability? **Yes/No (Tick the right answer)**

**­­­**If yes, give more details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Attach evidence of disability from a medical practitioner from a Health Centre)**

1. **ENGAGEMENT IN LEADERSHIP AND COMMUNITY ACTIVITIES**

F1. What Co-curricular activities have you participated in /intend to participate in?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F2. What leadership positions have you held if any and your role (Provide proof) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F3. What are your career goals and aspirations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **IF THERE IS ANY INFORMATION YOU THINK MERITS THE ATTENTION OF THE SCHOLARSHIP COMMITTEE DO DETAIL IT IN THE SPACE BELOW**

|  |
| --- |
|  |

**DECLARATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| I ­­­­­­­­­­­­­­­­­­­­­­ declare that I have read and understood the conditions for the Scholarship application and to the best of my knowledge, the information given above is correct. | | | |
| **Applicant** |  | **Parent/Guardian** |  |
| **Name** |  | **Name** |  |
| **Signature** |  | **Signature** |  |
| **Date** |  | **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**

**Please draw a sketch map to your residence in the space below:**

|  |
| --- |
|  |