



APPLICATION FORM FOR BURSARIES FOR ACADEMIC YEAR 2024/2025.

Forum for African Women Educationalists (FAWE) Uganda Chapter has received additional grant from Social Initiatives to support 35 young women from economically disadvantaged backgrounds and regions of Eastern and Northern Uganda for the academic year 2024/2025. The objective of the program is to enable students from the selected districts complete higher education; provide academic and psycho-social support and facilitate pathways for the students to internships, industrial practice and employment. Students from the districts of Namayingo, Napak, Kween, Amuria, Abim, Luuka, Nwoya, Agago and Moyo will be facilitated to access and complete tertiary and University Education.

The program is being implemented in partnership with 3 universities: **Busitema University, Lira University and Gulu University, in addition to Medical Laboratory Technology training School, Jinja School of Nursing and Midwifery and Mulago Paramedical School.**

The bursaries come with comprehensive financial, academic and social support to students for the entire duration of their studies. The bursary is available to only those who meet the eligibility criteria below.

Eligibility Criteria

- Applicants must:
- Be aged between 18 - 25 years.
- Have sat his/her Ordinary (S.4) or advanced level (S.6) examinations in 2021, 2022 and 2023
- Must have applied for direct entry to the named institutions of learning for the academic year 2024/2025
- Have been born in, and is a resident of any of the following programme districts; Agago, Abim, Napak, Kween, Amuria, Luuka, Namayingo, Nwoya and Moyo.
- Have attended Ordinary or Advanced Level Education in the programme districts mentioned above.

Applicants who sat their Ordinary (S.4) or Advanced Level (S6) examinations in schools outside their districts of birth but within the specific regions of Eastern and Northern Uganda qualify to apply for the bursaries.

- Applicants must be qualified for admission into the following Programme areas of study: University Degree (3 years) programs; Science Education, Agricultural Science and Medical Courses, Diploma in Medical Courses (3 years) program, and Certificate in Midwifery, Certificate in Medical Laboratory Technology) 2 years program
- Applicants should not be current beneficiaries of any other bursary schemes nor similar bursaries elsewhere.
- Other vulnerability aspects to be considered include: young people living with disability, HIV/AIDS–infected or affected, orphaned (total or partial).
- Applicants must be willing to give back to his/her community through development work and services.

For further enquiry and assistance, please do not hesitate to contact the FAWE Programs Team on + 256 753 545 021 or +256 782530100

PLEASE NOTE: Application forms are free of charge and NO fees/ facilitation or intermediaries required at any stage of the selection process.





SECTION A. APPLICANT'S PERSONAL INFORMATION

Date of Birth (DD/MM/YYYY) (attach copy certificate) of birth	/ /	Age:	Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Surname (Family Name):	First (Given) Name:		Other name (if Any)		
Place of birth	Village	Parish	Subcounty/Div./Municipality	District	
Current contact Address					

Please attach a sketch map of your home from the nearest trading town or available institution to enable us locate you.



SECTION B. APPLICANT'S CONTACT INFORMATION.

Applicant's Contact	
Applicant's email address	
Parent/Guardian's Name:	
(active telephone number/email).	
Alternative contact person in addition to contact to parent/guardian who is likely to know how to reach the applicant in future	
Relationship to the Applicant	
Physical Address	
Contact phone number/s	

SECTION C. SCHOOL CONTACT INFORMATION.

Name of former A Level School	
School contact /reference person	
School telephone contact	
School email address	
Brief description of location of the school	



Examination taken	Year of this examination.	Name of the school and district where the school is located.	Type of school (Government or private.)	overall score/Aggregate, grade or points
UACE(Attach a photocopy Of result slip/certificate and Identity Card).				
UCE (attach a photocopy of a result slip/certificate).				
PLE (attach photocopy of result slip/certificate).				
Other examinations taken (attach a photocopy of result Slip/certificate).				
Amount of fees paid at each level per year	Advanced level-Secondary school	UGX:		
	Ordinary level-Secondary school	UGX:		
Indicate the subjects you took at A-level and the grades obtained at each		Subject	Grade obtained	Points obtained
	1.			
	2.			
	3.			
	4.			
	5.	General Paper		
		Total Number of Points:		

SECTION D. ACADEMIC INFORMATION.

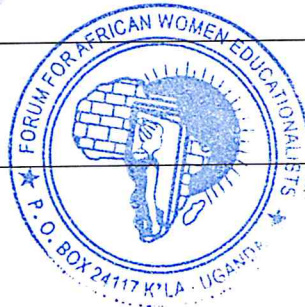


SECTION E. SOCIO- ECONOMIC BACKGROUND (at the time of application).

Whom do you live with?					
<input type="checkbox"/> Father alone <input type="checkbox"/> Mother alone <input type="checkbox"/> With both parents <input type="checkbox"/> Other relatives/guardian					
<input type="checkbox"/> Father Alive <input type="checkbox"/> Mother Alive <input type="checkbox"/> Both parents alive <input type="checkbox"/> Both parents deceased <input type="checkbox"/> Father deceased <input type="checkbox"/> Mother deceased	<table border="1"> <tr> <td>Father's age:</td> <td></td> </tr> <tr> <td>Mother's age:</td> <td></td> </tr> </table>	Father's age:		Mother's age:	
Father's age:					
Mother's age:					
Who is the head of the household where you live?					
<input type="checkbox"/> Self <input type="checkbox"/> Mother. <input type="checkbox"/> Father <input type="checkbox"/> Grandmother/Father <input type="checkbox"/> Other relatives/guardian					
What is the highest level of education of the head of household? <input type="checkbox"/> University graduate <input type="checkbox"/> A.level Certificate. <input type="checkbox"/> O'Level Certificate. <input type="checkbox"/> Diploma/Certificate level. <input type="checkbox"/> Never attended School. <input type="checkbox"/> Primary level.					
What is the occupation of this head of household? <input type="checkbox"/> Self-employed. <input type="checkbox"/> Employee. <input type="checkbox"/> Peasant farmer. <input type="checkbox"/> Commercial farmer. <input type="checkbox"/> Unemployed. <input type="checkbox"/> Retired. <input type="checkbox"/> Casual Laborer. <input type="checkbox"/> Business/Entrepreneur.					
What is the monthly average income of your household head?	UGX:				
What is the average monthly contribution from house rent, pension, remittance, etc.?	UGX:				
What is your mother's occupation?					
Who has been paying your school fees? <input type="checkbox"/> Self. <input type="checkbox"/> Father. <input type="checkbox"/> Mother. <input type="checkbox"/> Grandmother. <input type="checkbox"/> other relatives. <input type="checkbox"/> Sponsors/donor Organizations					
Please give details:					
Do any of your parents or your household head live with disability or chronic illness? Yes. <input type="checkbox"/> . No <input type="checkbox"/> .					



What is the number of people above the age of 18 in your household?	
How many of your siblings are above 18 years?	
How many of your siblings are below 18 years (including yourself the applicant)	
What is the total number of people in the household?	
What is the ownership status of the house you Currently live in? (Is it a private house, rented from other people, temporary shelter?)	<input type="checkbox"/> Private house <input type="checkbox"/> Rented <input type="checkbox"/> Temporary shelter. <input type="checkbox"/> Streets/Roadside
If your house is rented, what is the monthly payment?	UGX:
What source of power does the household have for lighting and cooking?	<input type="checkbox"/> Electricity <input type="checkbox"/> Solar <input type="checkbox"/> Firewood/Charcoal. <input type="checkbox"/> Paraffin
Describe your house's condition (number of rooms, type of floor, type of wall, type of roofing, etc.)	
What is the source of water for domestic use like drinking, cooking, washing?(borehole, well, river, swamp, rain water, piped water, etc.)	<input type="checkbox"/> Piped water <input type="checkbox"/> Borehole <input type="checkbox"/> River/Swamp. <input type="checkbox"/> Rain water
Are you receiving any kind of scholarship or any other support from other institutions? If yes, mention the institutions and describe the support you get. If not, ignore this question.	<input type="checkbox"/> Yes <input type="checkbox"/> No
What else should we know about your background, family or financial status?	





SECTION F. LEADERSHIP EXPERIENCE.

Describe previously held leadership positions, activities, or experiences: (i.e. Positions where the applicant has guided or led a group of people, a project, or a cause).	
State any award received from your previous schools or community or any outstanding leadership performance.	

SECTION G. PARTICIPATION IN EXTRA CURRICULAR ACTIVITIES:

- Sports and games
- School clubs
- Music and drama
- Other

Other (Explain)



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

- Chair
- Member
- Vice chairperson
- Secretary
- Founder
- Other (Explain)

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SECTION H. Community Service Experience.

Have you been involved in any voluntary work in Your community?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please describe.	
How do you think your voluntary work contributed to the community?	
With your voluntary experience, please describe your aspirations for social change and how you plan to use your career to contribute to social change in your own community.	

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

- | | |
|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Social & Humanitarian services |
| <input type="checkbox"/> Skilled Trades | <input type="checkbox"/> Health & Medical |
| <input type="checkbox"/> Small Business / Entrepreneurial | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Education | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Public Service / Government | |
| <input type="checkbox"/> Other | |

If 'Other' please explain



Do you have any form of disability?		<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what form of disability?.....		
What career do you plan to pursue? <input type="checkbox"/> Medicine <input type="checkbox"/> Humanitarian <input type="checkbox"/> Relief worker <input type="checkbox"/> Entrepreneur <input type="checkbox"/> Teacher <input type="checkbox"/> Other (specify).....	How did you hear about this Bursary Program? TICK <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Poster <input type="checkbox"/> The MasterCard Foundation staff. <input type="checkbox"/> FAWE Staff <input type="checkbox"/> Friend <input type="checkbox"/> Other specify.....	

SECTION I: Application to University or TVET institution.

Have you already applied for any course at University or Technical and Vocational Education Training Institution?

Yes No

If yes, state the Programme/course and University/ Technical and Vocational Education Training institution you have applied:

- Science degree program
- Diploma at Health training Institutions
- Technical Vocational Education Training
- Certificate at a Health training institution
- Other (specify).....



Please attach admission letter or indicate here the name of institution and course you have applied or admitted to

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SHORT ESSAY QUESTIONS.

These questions help us know you more as a person. Please take time to answer them carefully, honestly, and completely (Kindly feel free to use additional paper to provide more information if need be in case the spaces provided are not enough)

1. State your reasons for applying to Social Initiatives educate girls bursary and also describe any specific reasons that will help the bursary technical committee to consider your need for this opportunity.

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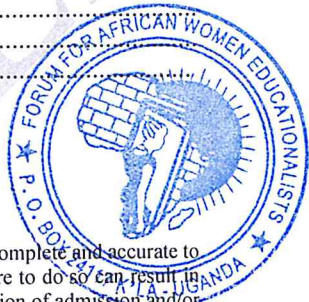
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2. What are your future career aspirations? Why and how do you plan to achieve this?

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3. Community give back is an important aspect of FAWE Uganda education bursary programs / How do you think your community will benefit from you during and after your studies?

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Declaration:

I....., certify that all of the answers I have given in this application are complete and accurate to the best of my knowledge and, if admitted, I agree to observe all the terms and conditions of the Bursary Program. Failure to do so can result in disciplinary action. I agree that all documents submitted as part of this application must be authentic and that any falsification of admission and/or academic records through omission or misrepresentation in this application may result in the cancellation of my bursary and/or other disciplinary action by FAWE Uganda.

Furthermore, I understand that this information and my personal records may be reported to the FAWE Uganda and used for evaluation and other program purposes. All information will be kept in strict confidence and will not be released in any way that would permit individual identification. I authorize release and use of this information, as described above, to the FAWE Uganda / Social Initiatives.

Applicant Signature: _____ Date: _____

Parent/ Guardian Name _____ Date: _____ Signature _____

Recommendation by Area LC I Chairperson:

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.....

LC I Chairperson: Name: _____

Signature: _____ Date: _____

Official Stamp: _____

Administered by: (full name) _____

Signature: _____ Date: _____

Phone contact _____ Designation _____ Email _____