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APPLICATION FORM FOR BUSARY: HIGHER EDUCATION ACCESS CERTIFICATE FOR ACADEMIC YEAR 2024/2025 WITH FAWE UGANDA

The Forum for African Women Educationalists (FAWE) has partnered with the Mastercard Foundation to implement the **FAWE and Mastercard Foundation Program**.

There are 300 bursaries (80% female and 20% male) for program participants interested in pursuing STEM related University programmes upon successful completion of the Higher Education Access certificate (HEAC) program. The program participants admitted and supported into the HEAC program will also be supported to pursue degree programs at the partner Universities upon successful completion of the 1-year HEAC program.

Eligibility Criteria for FAWE Uganda bursaries on the HEAC Program

- The applicant must be aged between 15-25 years.
- The applicant must have sat his/her Advanced level (Senior 6) examinations in 2020, 2021, 2022 and 2023.
- The applicant should be applying for Admission on the Higher Education Access Certificate program(STEM) related courses in any of the partner Universities for the academic year 2024/2025
- The applicant must have been born in, and is a resident of any of the following program districts of: Amudat, Abim, Kaabong, Karenga, Kotido, Nabilatuk, Moroto, Napak, Nakapiripirit, Amuru, Agago, Pader, Nwoya, Lamwo, Amolatar, Otuke, Kole, Adjumani, Yumbe, Obongi, Terego, Nebbi, Moyo, Bulisa, Bundibugyo, Ntoroko, Kasese, Isingiro, Kikuube, Kamwenge, Kiryandongo, Kanungu, Kampala, Kalungu, Mukono, Mubende, Kasanda, Wakiso, Pallisa, Buyende, Mayuge, Amuria, Namayingo, Luuka, Kween, Bukwo, Katakwi, Kaberamaido, Manafwa, Tororo and Bududa Districts.
- The Applicant must have attended Ordinary or Advanced Level Education in any of the program districts mentioned above.
- Applicants who sat their Ordinary or Advanced Level examinations in schools outside their districts of birth but within the specific regions mentioned above qualify to apply for the bursaries.
- The applicant must not be a current beneficiary of any other bursary scheme or similar bursary elsewhere.
- Applicants that are young people living with disabilities, refugees, HIV/AIDS–infected or affected, orphaned (total or partial) are encouraged to apply.
- The applicant must be willing to undergo a one-year HEAC/bridging program before being supported on the University degree programme.
- The Applicant must be willing to give back to his/her community through development services.

Only program participants who have been admitted to the partner institutions and come from the project districts mentioned above, will be eligible for bursary support under this Program. Please note that this application form is **free of charge**. Applicants are advised to clearly read and understand the application guidelines before filling in the form. Only shortlisted candidates will be contacted to appear for interviews. **The deadline for applications is 5th July 2024** after which no applications will be accepted. For further enquiry and assistance, do not hesitate to contact FAWE Uganda on +256 392 894 901.

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

I, _____, hereby provide my consent /assent to FAWE Uganda to process the personal information in this application form for the purpose to determine my eligibility for the bursary.



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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 | | | | | |
| 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) | | | | | |
| <input type="checkbox"/> Refugee hosting community | <input type="checkbox"/> Refugee settlement/camp within vicinity: _____ | | | | |
| <input type="checkbox"/> Other underrepresented youth (Ugandan) | | | | | |
| Current contact address for national applicants | District of Residence: | Sub county: | | Village. | |
| Current Contact Address for Refugee Applicants | Country of Origin: | | Hosting Country: | | |
| | Name of Settlement | | Local Administrative unit/District | | |
| Do you have any form of disability: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| <i>If yes, what is the form of disability and what support do you require?</i> | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Draw a sketch map of your home from the nearest trading town or available institution to enable us locate you. | | | | | |



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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 | |
| Applicant's email address | |
| School telephone contact | |
| School email address | |
| Brief description of location of the school | |



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SECTION D. ACADEMIC INFORMATION.

| 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 E. PARTICIPATION IN EXTRA CURRICULAR ACTIVITIES:

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

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 F. 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" style="width: 100%;"> <tr> <td style="width: 70%;">Father's age:</td> <td style="width: 30%;"></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"/> | | | | | |



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SECTION G. 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 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"/> Public Service / Government | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Other | |
- If 'Other' please explain

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| | |
|--|--|
| 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 Radio |
| | <input type="checkbox"/> Newspaper <input type="checkbox"/> Poster <input type="checkbox"/> Mastercard Foundation staff <input type="checkbox"/> FAWE Staff <input type="checkbox"/> Friend <input type="checkbox"/> Other specify..... |



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SECTION I: Application to University institution

Have you already applied for any course at the University?

Yes

No

If yes, state the programme/course and name of the University you have applied:

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Please attach admission letter if already admitted at the University

.....

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 the FAWE and Mastercard Foundation Program bursary and also describe any specific reasons that will help the bursary technical committee to consider your need for this opportunity. (Maximum 200 words).

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 the FAWE and Mastercard Foundation Program. 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 and Mastercard Foundation Program 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 the release and use of this information, as described above, to the FAWE and Mastercard Foundation Program.

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: _____

Signature: _____ Date: _____

Phone contact _____ Designation _____ Email _____

NOT FOR SALE