

Passport photo



#### APPLICATION FORM FOR BURSARY: HIGHER EDUCATION ACCESS CERTIFICATE (HEAC) FOR THE ACADEMIC YEAR 2025/2026

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

There are 500 bursaries (80% female and 20% male) for program participants interested in pursuing Science, Technology, Engineering and Mathematics (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

- Underrepresented youth aged 18-25 years for Uganda nationals and 18-30 years for refugees
- Applicants must have completed senior Six in the years 2021, 2022, 2023 and 2024.
- The applicant should be applying for Admission on the Higher Education Access certificate program on (STEM) related courses in any of the partner universities for the academic year 2025/2026.
- Must have been born in, and is a resident of any of the following target districts; ; Abim, Adjumani, Agago, Amolatar, Amudat, Amuria, Amuru, Bududa, Bukwo, Bulisa, Bundibugyo, Buyende, Kaabong, Kaberamaido, Kalungu, Kampala, Kamwenge, Kanungu, Kasanda, Kasese, Katakwi, Kaabong, Kikuube, Kiryandongo, Kole, Kotido, Kween, Lamwo, Luuka, Manafwa, Mayuge, Moroto, Moyo, Mubende, Mukono, Nakapiripirit, Nabilatuk, Namayingo, Napak, Nebbi, Ntoroko, Nwoya, Obongi, Otuke, Pader, Palisa, Terego, Tororo, Wakiso, Isingiro and Yumbe.
- The applicant must not be a current beneficiary of any other bursary scheme or similar bursary elsewhere.
- Applicants living with special needs, refugees, HIV/AIDS–infected or affected, and orphaned (total or partial) are encouraged to apply.
- Applicants for the HEAC must commit to completing a one-year bridging / HEAC programme before being sponsored for a university degree / Diploma programme
- The Applicant must be willing to give back to his/her community through development services.

Only Applicants 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 15<sup>th</sup> May 2025** after which no applications will be accepted. For further clarification and guidance on the application process, kindly call the following numbers

- I. Western Uganda (Ankole, Tooro, Rwenzori and Bunyoro) 0782530100
- II. Northern Uganda (West Nile, Acholi and Lango) 0708387926
- III. Eastern Uganda (Karamoja, Teso, Bukedi, Bugisu, Sebei and Busoga) 0773447562
- IV. Central Uganda (Buganda) 0778692810

**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.





**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 Address	
School telephone contact	
School email address	
Brief description of location of the school	

**SECTION D. ACADEMIC INFORMATION.**

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



**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).**

<b>Whom do you live with?</b>					
<input type="checkbox"/> Father only <input type="checkbox"/> Mother only <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="margin: auto;"> <tr> <td style="padding: 2px;">Father's age:</td> <td style="width: 50px;"></td> </tr> <tr> <td style="padding: 2px;">Mother's age:</td> <td style="width: 50px;"></td> </tr> </table>	Father's age:		Mother's age:	
Father's age:					
Mother's age:					
<b>Who is the head of the household where you live?</b>					
<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"/>					
If yes, Please specify..... .....					



**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"/> Education                        | <input type="checkbox"/> Religious                      |
| <input type="checkbox"/> Public Service / Government      |   |
| <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 <input checked="" type="checkbox"/> Radio <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Poster <input type="checkbox"/> Mastercard Foundation staff <input type="checkbox"/> FAWE Uganda Staff <input type="checkbox"/> Friend <input type="checkbox"/> Other specify.....
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**SECTION I: Application to University institution**

Have you already applied HEAC at any of the Partner Universities?  Yes  No

If yes, tick the name of the University you have applied to:

Bishop Stuart University, Busitema University, Gulu University, Kabale University, Cavendish University, Kumi University, Lira University, Muni University, Kampala International University (Western Campus – Ishaka), Islamic University in Uganda (IUIU), Soroti University, Uganda Martyrs University, Nkozi university and Ndejje University

**Please attach an admission letter if already admitted at the University.**



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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 the FAWE Uganda 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. (Not more than 200 words).

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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 the FAWE Uganda 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. 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 FAWE and Mastercard Foundation Program and used for evaluation and other program purposes. I authorize the release and use of this information, as described above, to the FAWE and Mastercard Foundation Program.

FAWE Uganda will ensure that, all information will be kept in strict confidence and will not be released in any way that would permit individual identification.

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 \_\_\_\_\_

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