



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, Katakwii, 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 6th June 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.



In partnership with



SECTION A. APPLICANT'S PERSONAL INFORMATION

		•					r	
Date of Birth (DD/MM/YYYY)	/	/					Male	
(attach copy certificate) of birth	/	/	-	Age:		Sex:	Female	
(First (Given)					
Surname (Family Name):			Name:			Other name (if any)		
Place of birth	Village		Parish	Subcounty/Div.,	/Municipality	District of birth		
Applicant contact Address							<u> </u>	
Specify under which category you a	re applying (Tick o I	nly One Categ	iory)					
Refugee	Refugee Identific	ation Number					ļ	
Internally Displaced Person (IDP)								
Refugee hosting community	Refugee settler	ment/camp						
Underrepresented youth (Ugan	•							
Current contact address for national	District of Residen	ce:	Sub county:			Village:		
applicants								
Comment Contract Address for	Country of Origin:			Hosting Country:				
	Name of Settlement							
Do you have any form of disability:	Yes	No		1				
lf yes, what is the form of disability a	nd what support d	o you require?						
Draw a sketch map of your home f	rom the nearest tr	ading town o	r available institu	tion to enable us	to 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 t	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 INFORMA	TION
Name of former A-level school	
School Address	
School telephone contact	

SECTION D. ACADEMIC INFORMATION.

Brief description of location of the school

School email address

Examination taken	Year of this examination.	Name of the school and the district where the school is located.		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	Advanced level- Secondary school	UGX:		
level per year	Ordinary level-Secondary school	UGX:		
		Subject	Grade obtained	Points obtained
	1.			
Indicate the subjects you took	2.			
at A-level and the grades	3.			
obtained at each	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)

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

.....

Father's age:				
Mother's age:				
re you live?				
🗆 University graduate 🗆 A' level Certificate 🗆 O' Level Certificate 🗆 Diploma/Certificate level 🗆 Never attended school 🗆 Primary level				
	I Laborer 🗆 Business/Entrepreneur			
f your household head?	UGX:			
ion from house rent, pension, remittance, etc.?	UGX:			
ther \Box other relatives \Box Sponsors/donor Organizations				
ald head live with disability or chronic illness?				
Yes No				
If yes, Please specify				
	Mother's age: re you live? f the head of household? cate □ 0' Level Certificate □ Diploma/Certificate level □ Never at ad of household? at farmer □ Commercial farmer □Unemployed □ Retired □Casua your household head? on from house rent, pension, remittance, etc.?			



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?	□ No			
	□ 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 chan	nge 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?				
which sectors do you plan to impact through your career aspirations:				
Small Business / Entrepreneurial	nformation Technology			
	mormation recimology			
Public Service / Government				
If 'Other' please explain				
What career do you plan to pursue?	How did you hear about this Bursary Program? TICK			
Medicine BRadio				
🗆 Humanitarian	□Radio			
Relief worker	□Newspaper			
Entrepreneur	□Poster			
Teacher	Mastercard Foundation staff			
Other (specify)	□FAWE Uganda Staff			

SECTION I: Application to University institution

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

□Friend

☐Other specify.....

Please attach an 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 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).

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

 Community give back i community will benefit fit 	rom you during and afte	r your studies?	Program. How do you think your





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:		۶
Signature:	Date:	
Official Stamp:		
Signature:	Date:	
Phone contact	_Designation	Email