

Passport photo



APPLICATION FOR BURSARY: TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING (TVET) FOR 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 200 bursaries available (80% female and 20% male) for program participants interested in pursuing Science Technology Engineering and Mathematics (STEM) related courses at Technical Vocational Education Training for the academic year 2025/2026.

Eligibility Criteria for TVET Bursaries at FAWE Uganda

- Underrepresented youth aged 18-25 years for Uganda nationals and 18-30 years for refugees
- 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.
- Applicants who sat their Ordinary or Advanced Level examinations in schools outside their districts of birth but born from the districts targeted by the project can apply for the bursaries
- Applicants must have completed senior Four or Six in the years 2021, 2022, 2023 and 2024.
- The applicant should be applying for direct entry in (TVET) Courses into the partner institutions of learning for the academic year 2025/2026 on the STEM related courses.
- 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.
- The Applicant must be willing to give back to his/her community through development services.
- Applicants for the TVET will pursue 3-year STEM-related Diploma courses or 2 years STEM-related certificate courses.

Only Applicants from the project districts mentioned above will be eligible for bursary support under the FAWE and Mastercard Foundation 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.



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FAWE
FORUM FOR AFRICAN WOMEN EDUCATIONALISTS
FORUM DES EDUCATRICES AFRICAINES



SECTION A. APPLICANT'S PERSONAL INFORMATION.

Date of Birth (DD/MM/YYYY) (attach copy of birth certificate)	/ /	Age:	Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Surname (Family Name):	First (Given) Name:	Another name (if any)			
Place of birth	Village	Parish	Subcounty/Div./Municipality	District	
Current contact address					
Specify under which category you are applying (Tick only One Category)					
<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			
If yes, what is the form of disability and what support do you require?					
<p>Draw a sketch map of your home from the nearest trading town or available institution to enable us locate you.</p>					



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SECTION B. 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 C. 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 D. 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	

SECTION E. 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.
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?				
UGX:				
Indicate the subjects you took at A-level and the grades obtained at each for Diploma Applicants		Subject	Grade obtained	Points obtained
	1.			
	2.			
	3.			
	4.			
	5.	General paper		
		Total Number of points		

Family background information

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:.....	UGX:				
What is the average monthly contribution from house rent, pension, remittance, etc? UGX:.....	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"/>					

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

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, rainwater, piped water, etc.)	<input type="checkbox"/> Piped water <input type="checkbox"/> Borehole <input type="checkbox"/> River/Swamp <input type="checkbox"/> Rainwater
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. This question seems to be misplaced!	<input type="checkbox"/> Yes <input type="checkbox"/> No
What else should we know about your background, family or financial status?	
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.)	
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. This question seems to be misplaced!	<input type="checkbox"/> Yes <input type="checkbox"/> No
What else should we know about your background, family or financial status?	

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"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Small Business / Entrepreneurial | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Public Service / Government | |
| <input type="checkbox"/> | |

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? Please Tick <input type="checkbox"/> 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 TVET institution

Have you already applied for any courses at Technical and Vocational Education Training institutions?

☐ Yes

☐ No

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

☐ Technical Vocational Education Training

☐ Diploma at Health Training Institutions

☐ Other (specify).....

If yes, tick Technical and Vocational Education Training institution you have applied:

Uganda Technical College – Elgon Mbale, Uganda Technical College - Lira , Uganda Technical College - Kichwamba, Nile Vocational Training Institute in Jinja, Medical Laboratory Technology Training School, Jinja, Mulago School of Nursing and Midwifery, Jinja School of Nursing and Midwifery, Uganda Institute of Allied Health and Management Sciences (UIAHMS), Soroti School of Nursing and Midwifery, Mildmay Institute of Health Sciences (MIHS), Gulu School of Health Sciences, Moyo School of Nursing and Midwifery, Bukalasa Agricultural College, Luwero, Uganda Petroleum Institute, Kigumba (UPIK).

If NO, why.....

Please attach an admission letter if you have already been admitted.



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)

NOT FOR SALE

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. 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 _____

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: _____

Phone contact _____ Designation _____ Email _____