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**MAKERERE UNIVERSITY BUSINESS SCHOOL
MUBS PERSONS WITH DISABILITIES SCHOLARSHIP SCHEME**

APPLICATION FORM FOR ACADEMIC YEAR 2024/2025

- First fill the Table below, and then carefully read through the rest of the form before filling in Sections A – C as candidly as possible.
- You are advised to attach relevant photocopies to this form in support of all verifiable statements.
- Incomplete information will lead to rejection of the application.
- The offer of the scholarship cannot be carried forward (*can not be deferred*). If the successful applicant wishes to be considered for the next academic year, he/she will be required to make a fresh application.
- **LAST DATE FOR SUBMISSION OF COMPLETED APPLICATION FORM IS WEDNESDAY SEPTEMBER 11, 2024 AT 5.00 P.M.**
- **SHORTLISTED CANDIDATES WILL BE CONTACTED TO APPEAR FOR AN INTERVIEW**

SECTION A: Applicant's Particulars

1. a) Surname..... b) First name
- c) Middle name (if any).....
2. Title of Programme admitted to:
3. Year and Semester of Study:
4. Registration Number: Student Number:
5. a) Sex: b) Nationality.....
6. a) Date of birth (Month)/..... (Year)/..... (Day)/..... b) Age as at September 11, 2024.....
7. a) Please Describe Your Disability;
.....
.....
.....
8. a) District of origin..... b) County.....
- c) Sub-County/Division..... d) Parish/Ward.....
- e) LC1/Village.....

9. a) District of Residenceb) Postal address.....
 c) Physical address.....
 d) Phone contacts: i) Residence..... ii) Mobile.....
 e) If no. in 9 d) ii) above is not yours, indicate the owner's name.....
 f) E-mail address

SECTION B: Applicant's Education and Funding Levels

10. Please summarize the educational stages you went through (before applying to join the University/School for the Current Programme) in the table below.

Level of Study	Name of School/College Attended	Dates From and To	Grade/CGPA	Name of Sponsor/Relationship
UCE				
UACE				
Certificate				
Diploma				
Bachelor's Degree				

[Please attach copies of relevant academic documents and medical assessment forms (Note: copies of transcripts should be certified).]

SECTION C: To be filled in by all Applicants

Declaration:

I hereby confirm and certify that the information I have filled in this form is correct.

Name.....

Signature..... Date.....

SECTION D: To be filled by the Director, Disability Resource and Learning Centre (DRLC)

11. Please comment on the applicant's suitability for a scholarship award:

.....

Recommendation

.....

Director's name in full _____

Signature _____ Date _____

DRLC Stamp/Seal