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**MAKERERE UNIVERSITY BUSINESS SCHOOL
MUBS FIRST CLASS STUDENTS' 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.
- Applicants with CGPA lower than 4.40 are not eligible to apply.
- 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) Marital status..... b) Number of children / Ages
8. A) District of origin..... b) County.....
c) Sub-County/Division..... d) Parish/Ward.....
e) LC1/Village.....
9. a) District of Residence b) 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 for the current programme) in the table below. Please note that all applicants must have scored at least a first class.

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				
Postgraduate Diploma				
Masters Degree				

[Please attach copies of relevant academic documents (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 your respective Faculty Dean

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

Academic Performance (please state the applicant's current CGPA)

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Recommendation

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Dean's name in full _____

Signature _____ Date _____

Faculty Stamp/Seal

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