|  |
| --- |
| Please paste recent photograph**Do not staple** |

**MAKERERE UNIVERSITY BUSINESS SCHOOL**

**MUBS FIRST CLASS STUDENTS’ SCHOLARSHIP SCHEME**

**APPLICATION FORM FOR 2019/2020 ACADEMIC YEAR**

• 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 FRIDAY, SEPTEMBER 06, 2019 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 August 2019.................

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/CollegeAttended** | **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 the Faculty Dean**

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

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

……………..……………………………………………………………………………………….........................

Recommendation

………………………………………………………………………..………………………………………….........

……………………………………………………………………………………………………………………........

Dean’s name in full \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Stamp/Seal