



# St. Francis of Assisi High School-Rwenjaza

P.O Box 1487, Kamwenge, Uganda

Application Ref. No. \_\_\_\_\_ (For official use)

## SCHOLARSHIP APPLICATION FORM

This form must be completed and submitted after the student has been officially admitted. The Applicant must:

1. Have obtained grade one in the UNEB examinations (PLE or UCE).
2. Be deserving financial assistance.
3. Have been admitted at St. Francis of Assisi High School.
4. Maintain the required level of academic performance throughout the period of the scholarship, lest the financial assistance is withdrawn.
5. Submit the completed application form within the first two weeks after the opening of the new academic year.
- 6.

**Note:**

Any applicant filling in this form and knowingly gives false or misleading information whether in writing or by attaching false documents shall automatically be disqualified. Incomplete application will not be processed.

### PART A: STUDENT PERSONAL DETAIL

1. Name: \_\_\_\_\_  
Surname Middle First Name
1. Gender: Male:  Female:
2. Admission Number \_\_\_\_\_ Class: \_\_\_\_\_
3. UNEB Results (Aggregates) \_\_\_\_\_ Division \_\_\_\_\_
4. Citizenship: \_\_\_\_\_ District of Residence \_\_\_\_\_
5. District of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
6. Place of Birth (Choose one): Urban  Rural  Name of Place \_\_\_\_\_
7. Number of Siblings \_\_\_\_\_ Brothers: \_\_\_\_\_ Sisters \_\_\_\_\_
8. Religious Denomination \_\_\_\_\_
9. Mailing Address: P. O. Box: \_\_\_\_\_ Town \_\_\_\_\_ Country \_\_\_\_\_

**PART B: PARENTS' DETAILS**

<b>1. FATHER</b>	<b>2. MOTHER</b>
<p>a) Is your Father Alive? Yes. <input type="checkbox"/> No. <input type="checkbox"/></p> <p>b) If Yes give his Age; _____</p> <p>c) If No, give Date of Death; _____</p> <p>d) If alive, please fill below</p> <p>i. Name; _____</p> <p>ii. National ID/No: _____</p> <p>iii. Highest Level of Education; _____</p> <p>iv. Occupation /Professional; _____</p> <p>v. Name of Employer(s): _____</p> <p>vi. If retired give year of retirement _____</p> <p>e) Phone No: _____</p>	<p>e) Is your Mother Alive? Yes. <input type="checkbox"/> No. <input type="checkbox"/></p> <p>f) If Yes give his Age; _____</p> <p>g) If No, give Date of Death; _____</p> <p>h) If alive, please fill below</p> <p>vi. Name; _____</p> <p>vii. National ID/No: _____</p> <p>viii. Highest Level of Education; _____</p> <p>ix. Occupation /Professional; _____</p> <p>x. Name of Employer(s): _____</p> <p>vi. If retired give year of retirement _____</p> <p>e) Phone No: _____</p>

**3. Guardian/Sponsor:**

- a) Name: \_\_\_\_\_
- b) National ID No: \_\_\_\_\_
- c) Highest Level of Education: \_\_\_\_\_
- d) Occupation /Professional: \_\_\_\_\_
- e) Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_

## **PART C: INFORMATION ABOUT FINANCIAL STATUS**

**Note:** Scholarships at St. Francis of Assisi High School are limited due to the large number of students applying for assistance and are therefore only awarded to students who are critically in need of financial assistance. On average the school pays for about 50% of the tuition fee and the parent/guardian is expected to raise the other 50%. Other fees charges charged by the school are paid by the parent/guardian.

### **GROSS FAMILY INCOME IN THE LAST 12 MONTHS (Fill table 1)**

**Table 1**

	<b>FATHER</b>	<b>MOTHER</b>	<b>GUARDIAN</b>	<b>TOTAL</b>
Gross income from employment (salary or pension)				
Income from business				
Income from farming e.g. Crops/livestock				
income from other sources (Specify):				
1.				
2.				
<b>Grand Total</b>				

### **FAMILY EXPENDITURE IN THE LAST 12 MONTHS IN UGANDA SHILLINGS (Fill table 2)** *(Please include documentary Evidence where possible)*

**Table 2**

<b>ITEMS</b>	<b>APPROX. AMOUNT IN UGANDA SHILLINGS</b>
1. Food (estimate)	
2. Medical (estimate)	
3. Clothing (estimate)	
4. Rent (attach evidence)	
5. Travel Expense	
6. Education (pick the total figure from table 3)	
<b>Total</b>	

**APPLICANT'S SIBLINGS IN EDUCATIONAL INSTITUTIONS (Fill Table 3)**  
**(Please include documentary Evidence)**

**Table 3**

Child's Name	School's Name	Type of School (Primary/Sec/University)	Year of completion	Education Expenditure per year
<b>Total</b>				

**SUMMARY**

Total income in the last 12 months	
Total Expenditure in the last 12 months	
Difference between income & Expenditure	

**CERTIFICATION:**

I certify that all the information I have provided on this form and all supporting documents are true, correct, and complete. I hereby authorize the Financial Aid Committee of St. Francis of Assisi High School to obtain, through other means, any information that may be contrary to what I have stated. If such information is obtained it will lead to the disqualification of my application.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's/Guardian's Declaration**

I declare that I have read this form/ has been read to me and I hereby confirm that the information given herein is true and to the best of my knowledge.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** The filling of an application for Financial Assistance, does not guarantee that a student will receive Financial Aid. Financial Aid is very limited and getting it depends on the availability of funds and the number of applicants.