



UGANDA CHRISTIAN UNIVERSITY

A Centre of Excellence in the Heart of Africa

**Return by October, 11th
February, 2022 at 5pm. Late
submissions will be rejected.**

A CALL FOR THE FOST AND BUSINESS FACULTY SCHOLARSHIP APPLICATIONS

These scholarships will pay *a portion* of your tuition fees at UCU for a period of one year of study.

Who is eligible?

- Students pursuing courses under the Faculty of Engineering, Design & Technology, Agricultural Sciences and School of Business except for Bachelor of Industrial and Fine Art are eligible to apply.
- Must be a registered undergraduate student either in 2nd or 3rd year of study.
- Must not be on any form of official scholarship.
- Must exhibit academic prowess with a CGPA of 3.5 and above, and a proven status of economic need.

Criteria:

The students eligible for assistance must be and intend to continue their education at UCU. Consideration will be given to academic achievement, financial need and the student's community service record as well as good character.

Caution:

Any student who when filling this application form makes a false statement whether in writing or orally relating to any matter affecting the request shall automatically be disqualified.

Application deadline:

Apply by completing the application form and ensure to return it to "Financial Aid Assistant < faid-assistant@ucu.ac.ug>; by February 11, 2022 5:00pm. Late submissions will be rejected.

Student's name Age

Registration No. Course Year of Study

Faculty/Department Year of Graduation

Semesters admitted to (e.g. January-September, September-May)

Home District/Diocese Town Village

Phone No. E-mail Access No.

Who pays your University Fees? Parent Self Other Below, Give name & relationship to you and amounts

| Name | Relationship | Amount |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

List all other forms of scholarships

Are you currently working? Yes No If yes, Occupation?

Employer Location (District, Town, Village)

What type of Financial Aid are you applying for? Please tick the most appropriate

Save the Mothers Other please specify

PREVIOUS YEAR RESULTS (If applicable)

| COURSE AND YEAR OF STUDY | FIRST SEMESTER GPA |
|--------------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

ARE YOU MARRIED? Yes No

If Yes, fill in below

Name of Spouse Occupation

Spouse's employer (if employed)

Location (District, Town, Village)

Number of Biological Children Number of *Biological* Children in School

Ages of Children

Number studying at: Primary O" Level A" Level ertiary/ University

Who pays for the biological children's fees?

FILL IN BELOW:

Father's Name indicate if deceased)

Occupation Employer (if employed)

Location (District, Town, Village)

Mother's Name (indicate if deceased)

Occupation Employer (if employed)

Location (District, Town, Village)

Number of Biological siblings what number are you born?

Number studying at: Primary "O" Level "A" Level Tertiary/University

Do any of your *biological* siblings have sponsors? How many sponsored

If yes, Name of the sponsor

What level of study Amount given?

IF YOU HAVE A GUARDIAN/SIBLING PAYING YOUR FEES:

Guardian's Name Occupation

Employer (if employed) n/Village

Is guardian married? If yes, Spouse Name

Spouse's Occupation Employer

District/Town/Village Number of biological Children of guardian

Number studying at: Primary "O" Level "A" Level Tertiary/University

STATEMENT OF FAITH

Please attach to this application a statement of Faith on a separate sheet of paper. Consider the following: Are you a Christian? How long? What has Christ meant to you? Has your faith made a difference in your life? *Explain in a statement of 200 words or less and attach to this form*

PERSONAL EVALUATION (Your answers may be evaluated on how well you write. Edit carefully and be free to add additional pages!)

What do you consider to be your gifts and strengths?

What do you hope to do after completing a degree at UCU?

State your involvement in leadership activities (UCU, Secondary School, Church or in community). What positions have you held and when?

SCHOLARSHIP RECOMMENDATION (To be filled by a UCU Lecturer who knows you) and returned to the Financial Aid Office in a sealed envelope.

Applicant Name:

For more information: Contact the UCU Financial Aid Office , ext. 449 or scholarships@ucu.ac.ug and faid-assistant@ucu.ac.ug

Faculty/Department:

This recommendation MUST be filled out for the application to be complete and is meant to be an anonymous evaluation. The form should be returned to the Financial Aid Office either directly or via the student. HOWEVER, it should be in a SEALED envelope and the signature of the lecturer should be across the seal of the envelope. Please make certain that the name of the student for whom the recommendation is written is included on the envelope. The sealed envelope must be returned to the Financial Aid Office before the deadline of February 11, 2022.

Lecturer,

The Scholarships Committee earnestly seeks to award scholarships to the top performers in each faculty after they have completed one semester. We know that they have not been here long, but we ask you to evaluate them on what you do know. Students receiving Scholars & Friends scholarships must be of good moral character, Christians and Ugandan. We also seek to encourage leadership in these students.

Therefore, In order to evaluate the “whole person”, your Faculty needs to be able to rely on a recommendation of a faculty member to whom the student is known. Please carefully, thoughtfully, and honestly evaluate the applicant as follows.

On the scale of 1-5 (5 being the highest), how do you rate the applicant in the following areas?

| Area | Poor | | | Best | | |
|---------------------|------------|---|---|------|---|---|
| | Don't know | 1 | 2 | 3 | 4 | 5 |
| Academic Work | | | | | | |
| Spiritual Life | | | | | | |
| Personal Motivation | | | | | | |
| Leadership Skills | | | | | | |

On the reverse side of this form, please comment on the strengths and weaknesses of the applicant and any information you might have about their character and leadership abilities/potential. Please make note if there is something in the character of the student that makes you uncomfortable about recommending them for a scholarship. Also note if there is anything that particularly recommends them. These recommendations are meant to be anonymous and, you should be free to give them directly to the faculty in a sealed envelope rather than back to the student. If you give it to the student, please seal the envelope and write your signature across the seal.

Any questions? Please contact the Financial Aid Office at ext. 449.

Name of Lecturer:

Title:

Signature:

Date:

STUDENT DECLARATION:

I affirm that the information given above and any supporting documents is correct to the best of my knowledge. I understand that any false or misleading information given may result in my dismissal from UCU under the UCU code of conduct section 5 (ii).

Signed:

Date: