



# UGANDA CHRISTIAN UNIVERSITY

A Centre of Excellence in the Heart of Africa

Return by **May 20th, 2022**  
**5:00pm. Late submissions will be rejected.**

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## FINANCIAL AID APPLICATION FORM

**\*\*Please carefully read, understand and follow the application instructions as you fill in this form:**

- Only students enrolled for the current semester are eligible to apply for the awards during that semester except for Uganda Partners Achievers Award and Vice Chancellor's Award (UPAA and VCA).
- All awards/decisions are made by the UCU scholarship committee
- **No Student can be on more than one category of awards listed on Page 2**
- **No money is given directly to the student in form of cash**
- Work & Study-Students are required to work 10hours each week during the term and are paid a total of Ugx. 300,000 toward their University fees before exams.
- Any student found to be falsifying information on this application will be referred to the University Disciplinary Committee under the UCU Code of conduct Section 5(ii) and, if found guilty may be dismissed from the University.

### **REQUIRED:**

- Applicants should supply any relevant information which supports their need for assistance on a separate sheet of paper and attach it to this document.
- A copy of the student's previous academic year results must be attached.
- Attach a strong academic and Christian conduct recommendation from Faculty Dean or other relevant University officials for applicants of the Vice Chancellor's Award, Business & IT Award, Uganda Partners Achievement Award and GSF Award
- For Work & Study applicants-A recommendation letter from your faculty or other University officials (for continuing students) documenting your struggle to pay fees is **mandatory** and should be from someone who knows your situation and can testify to your needs.
- A one paragraph personal statement about why you should be considered for this Award should be attached

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  Tertiary/ 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)  District/Town/Villag

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

**TO BE FILLED IN BY WORK & STUDY APPLICANTS ONLY**

Many work study students work in cleaning areas on campus and therefore, they are required to work at times classes are not being offered including Saturday mornings. Please tick all of the following which apply:

I can work Monday through Friday

6:00am – 7:30am | If none of these applies, please list the hours when you are available below

9:30pm – 11:00pm |

\*Note that the University is not bound to give you the hours you choose should you be selected for work study.

We need students to work in the following areas. Please rank them numerically in the order of interest/experience by writing a number in each box (\*you may not receive your first choice)

- Carpentry - Assisting the head carpenter in the work of the University carpentry shop
- Library - shelving books early morning and during the day
- Chairs – pick up chairs (plastic & wooden) from campus daily and returning them to the original location
- Class room cleaning – Involves daily sweeping and straightening plus weekly mopping and washing of chairs
- Computer Labs - Cleaning, organize and assisting students in the labs.
- Administrative Support - Assisting University administrators with typing, filing, computer work etc

Do you have any experience in any of the areas above? Yes  No  if yes, please explain below

Do you have any illnesses that we should know of or that can prevent you from doing certain Jobs? Yes  No

If yes, specify and verify with the university Clinic

**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?

How do you see your gifts and strengths influencing your career interests?

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:**

**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 May 20th, 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: