



RAISING HOPE OF AFRICAN CHILD-UGANDA

P.O.BOX 35662, Kampala- Uganda *East Africa*
Offices: Molukpoda Adjumani Town Council- Adjumani District.

Telephone: +256-393 239 221

Mobile: +256-786 666 588

Website: www.rhacuganda.org

Email: info@rhacuganda.org

Date _____

BURSARIES AND SCHOLARSHIP APPLICATION FORM

(Tick the Right Option Where Applicable)

1. Academic level applying for;

- a. Pre Primary
- b. Primary
- c. Secondary
 - (i) O – level
 - (ii) A - level
- d. University /Tertiary Institutional level

Attach
Passport
Photo with
Ears visible



2. Students Bio – Data

Surname _____ Middle Name _____ Last name _____

Age _____ Gender _____ Religion _____

Date of Birth _____ Place of Birth _____ Nationality _____

District of origin _____ County _____ Sub County _____

Parish _____ Village _____

Home Address _____ Tel/Mob _____

Email: _____

3. Status of the Student

(Tick Where Applicable)

a) Are You an Orphan? (i) Yes (ii) No. *If yes, what kind of Orphan are you?*

1. Lost Father. 2. Lost Mother. 3. Lost Both.

b) Having any Health problems? (i) Yes (ii) No. *If yes, Please specify in Written*

c) Having any Mobility difficulties? (i) Yes (ii) No. *If yes, Please specify in Written*

d) Having any Health problems related to Ear, Nose, Sight and Throat

(i) Yes (ii) No. *If yes, Please specify in Written*

e) **Which Area Would You Like To Be Assisted?**

1) School fees/Tuition only

2) School requirements only

3) Both of the above

4) Others, *Please specify in Written*

4. Requirements

(Must be fulfilled accordingly, failure to do so leads to automatic disqualification of your application)

1. Attach:

- a) A photocopy of your birth certificate.
- b) A report card of the previous Class.
- c) A Pass slip/Certificate for O- & A-Level for both secondary and institutional levels.
- d) A recommendation letter from area local Council official or any community leader or religious leader or Parish Chief. To confirm state of neediness
- e) 4 passport sized Photos and a full pause photo in case you have physical disability.
- f) 2 passport sized photos of current guardian or a parent.

2. An application fee of Ten Thousand Uganda shillings only (10,000/=).

5. Applicant's Parent's/Guardian's Bio - Data

(Please fill in current and accurate information for own benefit)

Parent/Guardian's

Name _____

Place of Work _____

Address of the Employer _____

NIN _____ Mobile _____

Email _____

Place of Birth _____

Home Address _____ District _____

County _____ Sub County _____ Parish _____

Village _____ Zone _____ Mobile _____

Insert Your
Parent/Guardians
Passport sized
Photo here



7. In case Of Emergency, Who Should Be Contacted?

Name _____

Occupation _____ Place of Work _____

Home Address _____ Mobile _____

Email _____

8. Names of Parents

FATHER

Surname _____ Last Name _____

MOTHER

Surname _____ Last Name _____

9. Declaration

I declare that I have clearly read and understood the above information and that I have truthfully filled it correctly to the best of my knowledge and belief.

Parent / Guardian's Name _____

Signature _____