

INTERNATIONAL COMMUNITY OF BANYAKIGEZI (ICOB) UGANDA CHAPTER

TO BE COMPLETED BY ALL STUDENTS APPLYING FOR NGOROGOZA GIRLS' EDUCATION SCHOLARSHIP (THIS FORM IS NOT FOR SALE) Affix a photograph of 1. PERSONAL INFORMATION current likeness Write your Surname (Block Letters) Other name(s) (in full) name(s) on the Date of Birth: _____ reverse side DD/MM/YYYY 1.3. Contact Information Phone number WhatsApp Email **1.4. Identification documents** (Fill in only that/those you have) National identity No. (NIN): _____ Passport: _____ Other (specify): _____ 1.5. Home address Village/LC.I: ______ Parish/Ward: _____ Sub-county: District: Emergency contact person: Phone contact Relationship **1.6. Education background information** (*Attach additional sheet if necessary*) School attended Exam index Completion Points/aggregate number year scored A-level school(s) attended O-level school(s) attended Primary school(s) attended

1.7. School fees history	(Who paid fees for	vour previous education?	Place a tick in the relevant cell.)
Tivi School ices ilistoly	V (VVIIO pala ICCS ICI	your previous educations i	indee a tick in the relevant cent,

	Name	Relationship	Phone Contact	Fees per Term
A-Level				
O-Level				
Primary				

2. APPLICATION/ADMISSION INFORMATION

2.1.	Course/Academic Programme applied/admitted for					
_						
2.2.						

	Academic Year	Study schedule/time	Intake
2.3.	Subject combination (Only fo	r Science with Education): 1	2

3. FAMILY INFORMATION

3.1. Parents' / Guardians' Information

	Father	Mother	Guardian (if any)
Surname			
Other name(s)			
Date of Birth			
Dead or alive?			
Village/LC 1			
Parish/Ward			
Sub-county			
District			
Nationality			
Country of			
Residence			
Highest Level of			
Education			
Occupation			
Postal Address			
Telephone Contact			

Name				Age (in months or years)	Attending school or (Answer: Yes or No)
Who pays fees for the	<u>m</u> ? Mothe	er 🔲 F	ather 🔲	Other (spec	cify)
At what stage in the te	erm are the fee	es paid?			
Beginning Mid-ter	m At the	e time of Exa	minations (
Any other dependants	on the head	of the hous	<u>ehold</u> ? If YE	ES, fill in the	table below (Attach another
necessary)					
Age of dependant					Attending school or not
Age of dependant	Relationship	p			Attenuing School of hot
(in years/months)	Relationship)			(Answer: Yes or No)
	Relationship)			_
	Relationshi	D			_
	Relationshi	D			_
(in years/months)			ll., a., £a,,	diant any of the	(Answer: Yes or No)
(in years/months) Family medicare (Whe	re do family m	embers usual	. •	•	(Answer: Yes or No) atment?)
(in years/months) Family medicare (Whe Government health cere	re do family mentre/hospital	embers usual	linic/Hospita	•	(Answer: Yes or No)
(in years/months) Family medicare (Whe Government health centre (specify)	re do family montre/hospital	embers usual	ilinic/Hospita	ıl Mis	(Answer: Yes or No) atment?)
Family medicare (Whe Government health cen Other (specify) Source of food for the	re do family montre/hospital (embers usual Private C	ilinic/Hospita	Il Mis	(Answer: Yes or No) atment?) ssionary health facility
Family medicare (Whe Government health cer Other (specify) Source of food for the Other (specify)	re do family montre/hospital (embers usual Private C	llinic/Hospita ubsistence fa	II Mis	(Answer: Yes or No) atment?) ssionary health facility
Family medicare (Whe Government health cer Other (specify) Source of food for the Other (specify) Source of water for ho	re do family mentre/hospital (family Marke	embers usual Private C et Su	llinic/Hospita	rming Protected s	(Answer: Yes or No) atment?) ssionary health facility
Family medicare (Whe Government health cere Other (specify) Source of food for the Other (specify) Source of water for hoo Other (re do family mentre/hospital (family Market me use Well specify)	embers usual Private C et Su	ubsistence fa	rming Protected s	(Answer: Yes or No) atment?) ssionary health facility
Family medicare (Whe Government health cer Other (specify) Source of food for the Other (specify) Source of water for ho Other (Type of fuel and energy	re do family me use Well specify)	embers usual Private C et Su Ta at home (Yo	ubsistence fa	rming Mis Protected s ore than one)	(Answer: Yes or No) atment?) ssionary health facility pring
Family medicare (Whe Government health cere Other (specify) Source of food for the Other (specify) Source of water for ho Other (Type of fuel and energy Electricity Gas	re do family montre/hospital (family Market me use Well specify) y source used Charcoal	embers usual Private C et Su Ta at home (Yo Firewood	ubsistence fa	rming Mis Protected s ore than one)	(Answer: Yes or No) atment?) ssionary health facility
Family medicare (Whe Government health cer Other (specify) Source of food for the Other (specify) Source of water for ho Other (Type of fuel and energy Electricity Gas Type of family resident	re do family mentre/hospital (family Market me use Well specify) y source used Charcoal ce/shelter/house	embers usual Private C et Su Ta at home (Yo Firewood)	ubsistence fa	rming Mis Protected s ore than one)	(Answer: Yes or No) atment?) ssionary health facility pring
Family medicare (Whe Government health cere Other (specify) Source of food for the Other (specify) Source of water for ho Other (Type of fuel and energy Electricity Gas Type of family residence of the Company of	re do family mentre/hospital (family Market	embers usual Private C et Su Ta at home (Yo Firewood se: corrugated r	clinic/Hospital ubsistence far u can tick m Kerose	Protected sore than one)	(Answer: Yes or No) atment?) ssionary health facility pring
Family medicare (Whe Government health cer Other (specify) Source of food for the Other (specify) Source of water for ho Other (Type of fuel and energy Electricity Gas Type of family resident	re do family mentre/hospital (mentre/hospital (mentre/hos	embers usual Private C et Su at home (Yo Firewood se: corrugated r vattle, and co	clinic/Hospital ubsistence fa u can tick m Kerose	Protected sore than one)	(Answer: Yes or No) atment?) ssionary health facility pring

Car 🔙

Motorcycle ___

Bicycle 🗌

TV set ___

Radio ___

handset/telephone

4.		ns from whom confidential information may be obtained about you if need arises 4.2. Name:			
		Telephone Contact:			
	Address:	Address:			
5.		cal Council Administration and Head	Teacher of Applicant's		
	L.C. 1	L.C. 3	Head Teacher		
	Name:	Name:	Name:		
	Telephone contact	Telephone contact	Telephone contact		
	Signature:	Signature:	Signature:		
	Date and stamp:	Date and stamp:	Date and stamp:		
6.	DECLARATIONS:				
6.1	whenever discovered either in the		or giving false/incomplete information , will lead to automatic CANCELLATION of burts of Law.		
6.2	2 Declaration I certify that I have read and unde knowledge the information given ab		the University and that to the best of my		
SIC	GNATURE OF APPLICANT:	DATE:			
	NAME OF APPLICANT:				