

Mastercard Foundation Scholars Program at USIU-Africa for the Septemb (Fall) 2023 Intake Application Form

A: PERSONAL INFORMATION

Please enter your name and all information as it appears on official documents such as an identification card, birth certificate, or passport.

Name; First: _____ Middle: _____ Last: _____

Other name: _____

Gender: F ☐ M ☐ Nationality: _____ Birth: Date: ____/____/____
Day Month Year

Marital status; Single: _____ Married: _____ No of children(if any): _____

Age at the time of application: _____

Country of Birth: _____

Country of Citizenship: _____

Country of residence at the time of application: _____

County/Region: _____

Place of residence at the time of application: Urban ☐ Rural ☐ Peri-urban ☐

Do you have a passport? Yes ☐ No ☐ *Passport No: _____

*If you have a passport, please attach a copy of it to this application.

Passport Issued by (Country): _____

Your Email Address: _____

Mobile Phone (Including Country Code): _____

Permanent Physical Address: _____

Primary language spoken: _____

Other Languages: _____

B: CATEGORY OF SCHOLARSHIP

Please tick from the list below the category of scholarship you are applying for

- ☐ Young Women
- ☐ Young Men
- ☐ Refugee/displaced youth
- ☐ Youth with disability

How did you learn about the scholarship? _____

For refugees kindly provide the following information:

1. Refugee status: _____
2. UNHCR Number: _____
3. Do you live in a camp or as an integrated refugee: _____
4. If camp, please name the camp: _____
5. If integrated, please give details of residence and contact details of persons responsible for your integration. _____

For Internally Displaced Youth, Kindly provide the following:

1. Letter from relevant government authority stating reason and nature of displacement.

For persons with disability, kindly provide the following information:

1. Nature of disability: _____
2. Are you registered with any disability organizations? Yes ☐ No ☐
If yes which one? _____
3. Please attach your disability registration form/card
4. Please indicate any special accommodation needs that you may require _____

C. ACADEMIC INFORMATION

State the degree program you are applying for _____

Your program of choice must be among the 13 sponsored programs (Refer to the Call for Applications)

Name of High/Secondary School: _____

Physical Address:(Location): _____

Date of Graduation: _____

High/Secondary school exam system (e.g. WAEC, GCE, KCSE, etc): _____

Grade (s) Obtained: _____

School Type (mark all that apply): Government/Public ☐ Independent/Private

Have you ever applied to, placed by the government or admitted to a tertiary institution? Yes ☐ No ☐

If you answered yes, please provide additional information in the table below:

Name of the Institution	Date applied/ admitted	Duration of studies	Qualification Obtained

If you were admitted/placed by the government but did not attend or you attended but did not graduate, give reasons and attach evidence:

Who paid for your High/Secondary school education?

- ☐ Guardian (s) (Related to the applicant)
- ☐ Guardian (s) not related to applicant
- ☐ Parent
- ☐ Scholarship (attach recommendation letter from sponsor/ proof)
- ☐ Sibling (s)
- ☐ Sponsor (s)
- ☐ Other

If other; state who paid fees: _____

Applicant Name: _____ Phone/Email: _____

D. FAMILY INFORMATION (Contact person in case of emergency)

Section 1: Parents or Guardians

Parent/Guardian #1

Surname: _____ First: _____
Other names: _____ Relation to you: _____
Occupation: _____ Estimated income per month: _____
Highest Level of Education Attained: _____
Mobile Phone: _____ Email: _____
Country of Residence: _____ Physical Address: _____

Parent/Guardian #2

Surname: _____ First: _____
Other names: _____ Relation to you: _____
Occupation: _____ Estimated income per month: _____
Highest Level of Education Attained: _____
Mobile Phone: _____ Email: _____
Country of Residence: _____ Physical Address: _____

