 **BESELFLESS (U)**

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**SPONSORSHIP APPLICATION FORM**

**Please read before completing.**

Affix recent passport size photograph

**UNIVERSITY**

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|  |

**DATE:**

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| --- | --- | --- | --- |
| **Surname** |  | | |
| **Other Name(s)** |  | | |
| **Date of birth** |  | | |
| **Place & Country of birth** |  | | |
| **Age** |  | | |
| **Degree Major** |  | | |
| **NIN** |  | | |
| **Gender** |  | | |
| **Nationality** |  | | |
| **GPA** |  | | |
| **Religion** |  | | |
| **Address for further communication** | | | |
| **Home Village** | | **Home District** | **Residence** |
|  | |  |  |
| **Tel No:** | | **Email** | **Close Relative Contact** |
|  | |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| 1. **\* General Health** | | | | | | |
| **Height** |  | | | **Weight** | | |
| **Health** | (Please tick against each of the following as appropriate. This is only a declaration by the candidate. Medical examination may be required)  **Whether suffering from or having any history of:** | | | | | |
| **Blood pressure** |  |  | **Liver Ailment** | |  |  |
| **Diabetes** |  |  | **Do you either smoke or use harmful substances?** | |  |  |
| **TB** |  |  | **Respiratory condition** | |  |  |
| **Rheumatism** |  |  | **Kidney condition** | |  |  |
| **Details of any major surgery done and when** |  | | | | | |
| **Specify any disability or life-threatening condition** |  | | | | | |
| **Hobbies** |  | | | | | |

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| 1. **\* Family** | | | | | |
| **Marital Status** | **SINGLE** | **MARRIED** | **WIDOWED** | **DIVORCED** | **OTHER** |
| **Spouse Name and Number of Children** | | | | | |

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| --- | --- | --- | --- |
| 1. **Three Referees (1. Parent/Guardian 2. Religious Leader 3. LC 1 Chairperson with stamp)** | | | |
| **Name** | **Comments** | **Address and contact details** | **Capacity in which referee knows you** |
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**I declare that the information given by me herein is true and correct to the best of my knowledge.**

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of either Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_**