 **BESELFLESS (U)**

P.O. Box 227 Mukono - Uganda

Tel: +256 200 926095, WhatsApp +256 752 246215

Email: [beselflessu@gmail.com](mailto:beselflessu@gmail.com)

**DC Scholarship 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** |  | | |
| **Degree Major** |  | | |
| **NIN** |  | | |
| **Gender** |  | | |
| **Nationality** |  | | |
| **Student’s ID** |  | | |
| **Religion** |  | | |
| **Address for further communication** | | | |
| **Home Village** | | **Home District** | **Residence** |
|  | |  |  |
| **Tel No:** | | **Email** | **Close Relative Contact** |
|  | |  |  |

**I declare that the information I have given herein is true and correct to the best of my knowledge.**

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