

Scholarship Application Form

To be filled by applicant (incomplete applications will not be considered)

Applicants are advised to read the application guidelines before filling in the forms. After completing the form, submit to BBU2017@infundo.co.za by 30 November 2017. Only short listed candidates will be contacted.

Application forms are not for sale and there are no payments at any stage of the selection process. Cases of impersonation, falsification of documents, giving false/incomplete information whenever discovered will lead to automatic cancellation and/or prosecution in the Courts of Law of Uganda.

Section A. Personal Information of applicant (as per university registration) A1: Surname (block letters) ABILA A2: First name RAPHAEL A3: Middle name (if any) NIA A4: Date of birth (dd/mm/yyyy) 12 1996 (attach a photocopy of a birth certificate) A5: Sex Male 🗸 Nationality A6: Place of birth District Country of birth UHANDA LIRA Country UHANDA A7: Current contact address Village ANGMET Sub-country ERUTE SOUTH District of Residence* LIRA A8: Name the nearest main road from the district town to your residence [SOROT | ROAD (Draw a sketch map of how one gets to your residence on Page 9.) A9: Give a distinctive feature to your residence NEXT TO FIRST WALL FENCE AFTER POLICE A10: District of origin if different from district of residence Section B. Contact information B1: Applicant's telephone number 0783-854-301 1 0757 -595 - 907 B2: Permanent email address rphlabila@gmail-com B3: Guardian's name and telephone number MRS. CATHERINGE ABILA 0772647766 B4: Mother's name and telephone number 0772647766 MRJ. CATHERINE ABILA B5: Father's name and telephone number MR. JAMES ISAAC ABILA [R.1-R] (OMARA) B6: Other contact person likely to know how to reach the applicant in the future 0772002991, 0752206241 Relationship to applicant | MOTHER, SISTER Contact email address Eunice abbey 16 @gmail. com Country of residence UGANDA Contact phone(s) 0752206241