

Scholars Program

APPLICATION FORM FOR SEPTEMBER (FALL) 2023 INTAKE FOR THE MASTERCARD FOUNDATION SCHOLARS PROGRAM AT UNITED STATES INTERNATIONAL UNIVERSITY-AFRICA (USIU-AFRICA)

Dear Applicant,

USIU-Africa appreciates your interest in the Scholars Program made possible by the partnership of Mastercard Foundation and USIU-Africa. By completing this application, you are taking the first step in a process that will allow us to learn more about you, your achievements, and your goals as a potential Scholar of this Program. We encourage you to read the application guidelines before filling the form. The application form is **NOT FOR SALE** and **NO PAYMENT IS REQUIRED**.

Completed application and supporting documents should be sent to mcfsp-applications@usiu.ac.ke by **Monday, February 20, 2023**. Our selection committee will review all applications carefully and nominate finalists for interviews. All finalists will be interviewed either in person or virtually. Communication to the selected Scholars will be done by **Sunday, April 30, 2023**.

A completed application should include the following:

1. Application letter stating the following:
 - a) Personal Background including family financial position.
 - b) Why you chose USIU-Africa.
 - c) Where you see yourself after graduation.

NB: The application letter should be sent as an attachment alongside the other documents.
2. Copies of academic documents (final high school certificates);
3. Recommendation letter from your high school teacher, head teacher or sponsoring organization. The letter must be current, official, stamped and signed.
4. One recent Passport size photograph;
5. A copy of your Birth certificate, National Identity Card or Passport and/or refugee travel document;
6. A copy of refugee identity document (where applicable).
7. A copy of disability registration document/card (where applicable).

Applicants are advised to complete every section of the application form. INCOMPLETE applications will NOT be evaluated.

Complete applications should be delivered/emailed only ONCE. Duplicate applications or several emails from the same person will lead to disqualification of the applicant. Applications sent to another email address other than the one provided will not be evaluated

DEADLINE:

All applications must be received by **Monday, February 20, 2023 at 11:59pm (East Africa Time)**. We strongly encourage earlier submissions.

****Please read carefully all the instructions and gather all the necessary supporting documents before filling the 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: _____

Section 2: Siblings: Please list the Names, Level of Education, genders and ages of any brothers/ sisters you have, even if they don't live in your household. If you need more lines please attach a separate page at the end.

[illegible]

Applicant Name:_____ **Phone/Email:**_____

E. SHORT ANSWER QUESTIONS

(Write your essays only within the spaces provided)

LEADERSHIP EXPERIENCE

1. Describe a previously held leadership position, activities, or experiences: (i.e. positions where you guided or led a group of people, a project, or a cause in which you were involved)

This image shows a blank sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2. State any Awards and Honors received: (i.e., academic award; Outstanding Leadership award, Community service award etc. (Attach evidence)

3. What are you passionate about and how will your program of study contribute to your passion?

Applicant Name: _____ **Phone/Email:** _____

F. COMMUNITY ENGAGEMENT

The Mastercard Foundation Scholars Program vision is that Scholars will use their education to create change and improve the lives of others.

Describe the voluntary/community activities and experiences you have engaged in the past

[illegible]

Describe your aspirations for social change and how you plan to achieve social change through your program of study

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Applicant Name: _____ **Phone/Email:** _____

G. ACTIVITIES

Please list up to three of the most important activities in each category (in order of importance to you) that you have participated in during the past three years, either through your secondary school or independently/in your community. Complete only the sections relevant to you. (Attach evidence)

School and Community Service:

Activity	Role	Number of years
Example: Student Government		
1.		
2.		
3.		

Employment/Entrepreneurial Enterprises:

Activity	Role	Number of years
Example: Poultry farming		
1.		
2.		
3.		

Competitions/Conferences/Special Programs:

Activity	Role	Number of years
Example: Science Congress		
1.		
2.		
3.		

Artistic/Musical:

Activity	Role	Number of years
Example: Music festival		
1.		
2.		
3.		

Athletics:

Activity	Role	Number of years
Example: Swimming		
1.		
2.		
3.		

H. CERTIFICATION PAGE

I, _____ hereby certify that all information contained in this application is truthfully and accurately presented and is my work alone and give my permission to USIU-Africa to obtain any verification deemed necessary to process my application. Finally, I acknowledge that completing this application form does not guarantee scholarship.

Signature: _____ Date: _____

Application submission guidelines

1. Read carefully through the application guidelines on the Call for Applications document before submitting your application.
2. Go through your application and review to make sure you have all the required documents and your form is completely filled before submission. Incomplete forms will not be evaluated.
3. Submit only 1 application. Multiple submissions will lead to automatic disqualification.
4. When submitting your application, all documents must be scanned in PDF format and named accordingly then sent as an attachment(s) on email.
5. Do not convert your application form to word document when you download. Print the form, fill it and then scan into pdf format. PDF editor is acceptable.
6. The subject of the application email should be your name and nationality.
7. Use the provided email address to send your application; mcfsp-applications@usiu.ac.ke. Any application sent to a different email address will NOT be evaluated.
8. If your sibling or immediate family member is a beneficiary of the Mastercard Foundation Scholars Program at USIU-Africa, you are NOT eligible to apply.

Note:

Submitting a complete application does not guarantee award of scholarship

CONTACT DETAILS

Mastercard Foundation Scholars Program
United States International University-Africa
P.O. Box 14634 00800
Nairobi

Tel: +254 730 116 218 /500 /303 /107 /521 /148