



Scholars Program

In partnership with



MAKERERE UNIVERSITY

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passport photograph. Do
attach and submit two
copies in an envelope

APPLICATION FORM FOR THE SCHOLARSHIP FOR MASTERS DEGREE PROGRAMMES FOR THE ACADEMIC YEAR 2024/2025

Mastercard Foundation renewed its partnership with Makerere University for the second phase of the Mastercard Foundation Scholars Program until 2034. The second phase of the Program will offer 1000 Scholarships for 10 years, for selected Undergraduate and Master's Academic Programmes at the Makerere University Main Campus.

The Program aims to deepen inclusive University education and empower the youth to transform into leaders who will make meaningful contributions to national and regional development.

a) Only students with the minimum requirements to be admitted to Makerere University -Main Campus <https://apply.mcfsp.mak.ac.ug/> from the categories specified in the advertisement are eligible to apply. A Completed form should be submitted to **One of the Following Options;**

- i. Hand deliver the hard copy form to the **Mastercard Foundation Scholars Program at Makerere University Offices located at Plot 144, Pool Road, Makerere University.**
- ii. Send a scanned copy of the Application form (and all required documents) an attachment through the following email address: makscholarsapplications@gmail.com. The application form and all other documents should be scanned and attached as **ONE DOCUMENT**
- iii. **Apply directly online via <https://apply.mcfsp.mak.ac.ug/>**

b) Only short-listed candidates will be contacted for further selection engagements.

c) Note that the application form is **NOT FOR SALE** and **NO PAYMENTS** should be made by the **applicant** at any stage of the selection process.

d) The deadline for submission is **Friday 14th June 2024 at 5:00 pm EAT.**

Applicants are advised to carefully read the application guidelines below before filling in the form.

ELIGIBILITY:

To be eligible to apply for the Mastercard Foundation Scholarship at Makerere University, the following conditions must be met:

1. The applicant must be qualifying for admission at Makerere University-Main Campus, for the Master's Degree Programme. Therefore, all applicants should apply for admission at Makerere University and, only those Applicants that shall be admitted at Makerere University shall be considered eligible for the Scholarship Selection process.
2. The Applicant must have completed the Bachelor's Degree Studies in an African Country
3. Applications are restricted to individuals facing significant financial hardships.
4. Applicants must demonstrate leadership potential and a record of community service
5. Applicants should not be holders of any other Scholarship.
6. Applicants should not have registered for/completed any other master's studies.
7. The Applicant should not exceed 35 years of age at the time of the deadline of the Application.
8. Applicants under the category of Refugees and Students with Disabilities should not exceed 40 years of age at the time of the deadline of the Application.
9. A refugee applicant must be a recognized and registered refugee with proof (refugee attestation) attached to the application form.
10. The Master's Degree Programmes to be considered for the Mastercard Foundation Scholarships are listed for your consideration. *(See the detailed list of courses attached on page 18)*

COMPLETING THE APPLICATION FORM

A completed Application should include the following:

	Item	Check
1.	Passport Photo(s): <ul style="list-style-type: none"> a) For physical submissions: One Passport size photograph with the applicant's name written at the back in block letters b) For Submissions via Email as an attachment: Scan the Application form with a passport-size photo pasted on the Front Page c) For Online Portal form submission: Scan and attach the Passport Photo as shall be instructed 	
2.	A certified photocopy of the Undergraduate Degree certificate or transcript	
3.	A photocopy of the Refugee Identity document, <i>where applicable</i>	
4.	A photocopy of the National Identification/Passport	
5.	A medical Report for the nature and level of disability, <i>where applicable</i>	
6.	Recognitions for leadership engagements (<i>if applicable</i>)	
7.	Recognitions for Community Service (<i>if applicable</i>)	
8.	Proof of Death for Biological Parents/Guardian (e.g. death certificate, Letter from Local leadership) (<i>if applicable</i>).	
9.	Recommendation from the former sponsoring organization for undergraduate studies (<i>if applicable</i>)	
10.	Endorsement by the Local Leadership for the Village of Residence (<i>for all non-refugee applicants</i>)	
11.	Endorsement by the Camp Commandant <i>for Refugee applicants</i>	
12.	A motivation Statement for Master's Studies (Max. 500 words)	
13.	Hand-drawn map of the of the Applicant's residence with clear directions	

NOTE:

- a) *At most 70% of the Mastercard Foundation Scholarship opportunities will be awarded to female applicants while 30% will go to Male applicants with further categorization. Females are therefore encouraged to apply*
- b) *At most 25% of the Mastercard Foundation Scholarships shall be awarded to Refugees and Internally Displaced Persons (IDP)s. young people in this Category are therefore encouraged to apply*
- c) *At most 10% of the Mastercard Foundation Scholarships shall be awarded to Youth with Disabilities. Young people in this category are therefore encouraged to apply*
- d) *At most 10% of the Mastercard Foundation Scholarships shall be awarded to Youth in Refugee Hosting Communities and Minority Tribes*
- e) *Incomplete application forms will be automatically disqualified.*
- f) *This program exercises merit principles and zero tolerance for dishonesty. Any form of influence peddling by anybody will lead to automatic disqualification of the applicant.*
- g) *Cases of impersonation, falsification of documents, or giving false/incomplete information, whenever discovered either at the time of receiving the award or afterward will lead to automatic cancellation of the award, refund of the money already spent on a Student/prosecution in the courts of law of Uganda.*
- h) *Makerere University appeals to the public to be aware of fraudsters within or outside of the University, who might want to take advantage of the scholarship application process by way of selling scholarship forms or soliciting for money in the hope of securing an applicant a scholarship. **THE MASTERCARD FOUNDATION SCHOLARSHIP APPLICATION FORM IS FREE OF CHARGE**; individuals caught in the act of conning the public will be prosecuted in courts of law.*
- i) *The Department of Academic Registrar is responsible for all University admissions. All potential Scholarship applicants should meet the requirements **to be admitted into the University on the private sponsorship scheme**.*
- j) *Only successful applicants will be notified at every stage of the scholarship application process, and the decision of the Program Steering Committee will be final in the awarding of the scholarship.*
- k) *Those applicants who will not have heard from us by 16th August 2024 should consider their application unsuccessful.*
- l) ***Filling and submitting an application form does not guarantee a scholarship.***

SECTIONS TO BE FILLED BY APPLICANT

SECTION A. PERSONAL INFORMATION

A1	Name (<i>Block letters</i>) as indicated on the Academic Documents						
A2	Date of Birth (dd/mm/yyyy) (Attach a photocopy of a birth certificate)	□	□	□	□	□	□
A3	Age:	A4: Sex: Male <input type="radio"/> Female <input type="radio"/>					
A4	Specify under which category you are applying (<i>Tick only One Category</i>)						
	<input type="checkbox"/> Refugee	Refugee Identification Number:					
	<input type="checkbox"/> Internally Displaced Person (IDP)	Original District: Resettlement District:					
	<input type="checkbox"/> International Student:	Country:					
	<input type="checkbox"/> A person living with a Disability	Please state the Form/type of Disability:					
	<input type="checkbox"/> Refugee hosting community	Refugee Settlement/Camp within the vicinity:					
	<input type="checkbox"/> Ethnic minority	Tribe/Ethnic group:					
	<input type="checkbox"/> Other Vulnerable Youth (<i>Ugandan</i>)						
A5	Current Contact Address for National Applicants	A5a: District of residence ¹ :			A5b: Sub- County		
		A5c: Village					
A6	Current Contact Address for Refugee Applicants	Country of Origin:		Hosting Country:			
		Name of Settlement:		Local Administrative Unit/District:			

¹ Residence is the main place where the applicant has been living for the past two to five years

		Refugee camp/settlement outside Uganda	Name of the resident district if you live outside a Camp/Settlement:
A7	Current Contact Address for International Applicants	Country of Origin:	Country Residence:
		Town/City:	

B: CONTACT INFORMATION (*For Telephone contact, please include the Country Code*)

B1	Applicant	Name:	Contact:
		Email address:	
B2	Father	Name:	Contact:
B3	Mother	Name:	Contact:
B4	Guardian	Name:	Contact:
B5	Spouse (Where applicable)	Name:	Contact:
B6	Any other relative/Next of Kin:	Name:	B7: Relationship
		B8: Telephone Number:	

SECTION C. APPLICATION FOR MASTER'S DEGREE STUDIES

C1: Master's Degree Programme applied for:	
C2: College:	
C4: Expected duration of Study (Years):	
C5: Reason/Motivation for Choosing the named Degree Programme (<i>Max. 50 words</i>):	
C6: Expected Engagements/Employment after Master's Studies (<i>Max. 50 words</i>):	
C7: Desired Community engagements during and after the master's studies(<i>Max. 50 words</i>):	

C8a: Do you have any form of disability? **Yes** **No**

C8b: If Yes, Select the type of Disability that you have and the reasonable accommodation that you may need to be able to participate well in the Undergraduate Program at University? *(Please tick in both Columns).*

Form of Disability	Required Support/Reasonable Accommodation
<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> A Sign Language Interpreter assigned by the University
<input type="checkbox"/> Deaf	<input type="checkbox"/> Facilitation for my Sign Language Interpreter
<input type="checkbox"/> Blind	<input type="checkbox"/> A Personal Assistant/Guide assigned by the University
<input type="checkbox"/> Low Vision/Short-Sighted	<input type="checkbox"/> Facilitation for my Personal Assistant/Guide
<input type="checkbox"/> Physical Disability-Left Arm	<input type="checkbox"/> Learning Gadgets/Computer with Jaws/ Captioner
<input type="checkbox"/> Physical Disability – Right Arms	<input type="checkbox"/> Brailled Notes/ materials
<input type="checkbox"/> Physical Disability – Both Upper Limbs	<input type="checkbox"/> Large Prints reading materials
<input type="checkbox"/> Physical Disability – Right leg	<input type="checkbox"/> Hearing Aids
<input type="checkbox"/> Physical Disability – Left leg	<input type="checkbox"/> Front Seat in Class
<input type="checkbox"/> Physical Disability – Both lower Limbs	<input type="checkbox"/> Clutches
<input type="checkbox"/> Mental Disorder	<input type="checkbox"/> White Cane
<input type="checkbox"/> Intellectual Challenges <i>(Autism/Dyslexia)</i>	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Accessible physical Infrastructures/building
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Medication
<input type="checkbox"/> Persons with Dwarfism/Little Persons	<input type="checkbox"/> Easy to read Version
<input type="checkbox"/> Albinism	<input type="checkbox"/> Medication
Other (please specify) _____	<input type="checkbox"/> Tactile/touch and Embossers
	<input type="checkbox"/> Sunscreen
	Other (please specify) _____

SECTION D: UNDERGRADUATE STUDIES

D1: Name of University:	
D2: Country:	
D3: Degree Programme:	
D4: Year of Enrolment:	
D5: Year of Graduation:	
D6: Language of Instruction:	
D7: Cumulative Grade Point Average (CGPA) at Graduation	
D8: Research Dissertation Title:	
D9: Who paid your University tuition fees	D9a: Name:
	D9b: Relationship:
D10: Annual Tuition Fees	Tuition Paid (<i>state the Currency</i>): US Dollar Equivalent:

SECTION E: SOCIO-ECONOMIC STATUS

Attribute	Details
Are you Living with your Parents/Guardian	Yes <input type="checkbox"/> No <input type="checkbox"/>
District of Residence	
Father:	Name:
	Age:
	Occupation:
Mother:	Name:
	Age:
	Occupation:
Guardian:	Name:
	Age:
	Occupation:
Are you living alone?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, District of Residence	

SECTION F: ENGAGEMENTS AFTER UNDERGRADUATE STUDIES

F1: Are you engaged in any form of work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
F2 Location of the workplace	Country: _____ District/Region: _____
F3: Current form employment: (if applicable)	Organization/firm/entity:
	Position/Responsibility:
	Start Year:
	Monthly Income:
	Level of engagement for current work: Part-time <input type="checkbox"/> Full Time <input type="checkbox"/> Volunteer <input type="checkbox"/>
F4: Other forms of Employment (if applicable)	Self-Employed (<i>State the work</i>):
	Monthly Income:
F5: Entrepreneur/Business Venture (if applicable)	Focus Area:
	Monthly Income:
F6: Any previous form of work before the current engagement (if applicable)	Organization/firm/entity:
	Position/Responsibility:
	Last Year of Engagement:
	Monthly Income:
	Reason for ending that work:

SECTION G: LEADERSHIP ENGAGEMENTS

G1:	State any leadership positions/Assignments held before	E2: Certificate of Recognition (Yes/No)	E3: Year of Award	E4: Awarding Body/Entity/Institution

SECTION H: ENGAGEMENTS IN COMMUNITY WORK

H1: Have you engaged in any community work in the last 5 Years: YES NO

H2: If the answer is YES, provide the details below:

Specific Activity undertaken	Year of Engagement	Name of Village/Community etc.	Person to validate
			Name: Position: Contact:
			Name: Position: Contact:
			Name: Position: Contact:

SECTION I: AWARENESS OF THE SCHOLARSHIP OPPORTUNITY

How did you get to know about the scholarship opportunity?

Radio Newspaper Poster Program Staff Makerere Staff
 Friend/Peer Website Others specify _____

DECLARATION:

I declare that all the information provided here is true and accurate to the best of my knowledge, and I have read and understood the note to applicants and eligibility criteria.

Name of Applicant:

Name of Person supporting an Applicant with a disability:

Telephone Contact of the Applicant:

Telephone Contact of the person supporting an Applicant with a disability:

Signature of the Applicant:

Signature of the person supporting an Applicant with a disability:

Date: ____/____/2024



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SECTION J: TO BE COMPLETED BY YOUR ACADEMIC MENTOR/SUPERVISOR DURING UNDERGRADUATE STUDIES

Please provide your assessment (to the best of your knowledge) about the applicant on:

J1: Please state the number of Years for your interaction with the Applicant: _____

J4: Did the Applicant undertake any Leadership responsibilities? YES NO

J5: Please state the Leadership engagement/responsibility _____

J6: What was the general Conduct /Behaviour of the Applicant?

Excellent Very good Good Fair Poor

J7: Please explain any circumstances that make this applicant viable to be considered for the Scholarship Opportunity for Master’s Degree Studies at Makerere University.

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Declaration:

Name: _____ Signature _____

Mobile No (include country code). _____ Date: ____/____/2024



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SECTION K: TO BE COMPLETED BY CAMP COMMANDANT (*Verification of the Application*)

K1: Name of Settlement: _____

K2: Position held: _____

K3: Does the applicant reside in this Settlement? Yes No

K4: If yes, for how long/from which year? _____

K5: Is the Applicant living with his/her Family in the Settlement? Yes No

Declaration:

Name: _____ Signature _____ Stamp

Mobile No (*include country code*). _____ Date: ____/____/2024



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SECTION L TO BE COMPLETED BY LOWEST LOCAL ADMINISTRATIVE AUTHORITY FROM THE CURRENT VILLAGE OF RESIDENCE (Verification of the Application)

L1: Name _____

L2: Village _____ Parish _____ Sub-County _____ District _____

L3: Does the applicant reside in this village? Yes/No _____ If yes, for how long _____

L4: For how long have you known the Applicant/Applicant's Family?

L5: Has the applicant participated in any community engagement/service that you are aware of? Yes No

L6: If yes, what was the community engagement about?

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DECLARATION

I, the undersigned, hereby declare that the Information shared above is true and accurate.

Name _____ Signature _____ Stamp

Mobile No (include country code). _____ Date: ____/____/2024



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M. MOTIVATION STATEMENT

Prepare a Motivation statement indicating the driver/incentive for applying for a given Academic Programme. The statement should articulate how the pursuance of the preferred Degree Programme shall enable the applicant to contribute to innovatively solving a given societal challenge— (Max. 500 words)

N. SKETCH MAP FOR APPLICANT'S RESIDENCE

Please draw a sketch map of your residence from the nearest main road and or trading center. Provide Sufficient details and landmarks



Makerere University Master's Degree Programmes to be considered for the Scholarships for Academic Year 2024/2025

1	College of Education and External Studies (CEES)
	Master of Adult and Community Education
	Master of Instructional Design and Technology
	Master of Education (<i>with options in Educational Management, Foundations of Education, Educational Policy and Planning, Early Childhood Education and Development, Language and Literature Education, Social Science and Humanities Education, Science Education</i>)
2	College of Business and Management Sciences (COBAMS)
	M.A. in Economic Policy and Planning
	M.A. in Economic Policy Management
	Master of Business Administration
	Master in Public Infrastructure Management
3	College of Humanities and Social Sciences (CHUSS)
	M.A. in Human Rights
	M. of Philosophy in Applied Ethics
	M.A. in Journalism and Communication
	M.A. in Peace and Conflict Studies
	M.A. in Gender Studies
	M.A. in Rural Development
	M.Ed. in Educational Psychology
	Master of Organizational Psychology
	M.A. in Counselling
	MSc. in Clinical Psychology
4	School of Law (SoL)
	Master of Laws