

AMANI INITIATIVE SCHOOL FEES BURSARY APPLICATION FORM

FOR OFFICE USE ONLY
Application No.: _____
Category of application:
Full Bursary <input type="checkbox"/> Half Bursary <input type="checkbox"/>
Date of Receipt: _____
Application Status: Approved <input type="checkbox"/> Rejected <input type="checkbox"/>
Signature and Stamp:

Colour ID/Passport Photo

1.0 APPLICANT'S PERSONAL DETAILS

Surname:		First names:	
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Do you have a disability? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, specify:	
Are you a child mother or father? ? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, specify:	
Do you stay with your parents? ? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, specify:	
ID Number:		Date of birth:	
Nationality:			
Your contact number:			

2.0 PARENT/GUARDIAN DETAILS AND LC RECOMMENDATION

Mother:	First Names:	Surname:	Occupation:
Father	First Names:	Surname:	Occupation:
District:	Sub County :	Parish:	Village:
Are you a permanent residence ? YES <input type="checkbox"/> NO <input type="checkbox"/>		If No Specify:-	
Are you able to support other school needs of the child: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Telephone number (Father):		Telephone number (Mother):	
Signature of Confirmation by Parents/Guardians: Father:			Mother:
LOCAL COUNCIL ONE VERIFICATION AND RECOMMENDATION			
Verified and Recommended By:			
Date, Signiture and Stamp:			

3.0 EDUCATIONAL PARTICULARS

Level of education	Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>	Higher Institution of Learning <input type="checkbox"/>
Specify class			
Name and Address of school:			
Telephone number of school:			
Period attended – From:		To:	

4.0 ACADEMIC RESULTS (For last 3 years)

Academic Year	Total Scores	Grading	Position in Class
Year 1 ()			
Year 2 ()			
Year 3 ()			

Please attach Certified proof of your results/ full details of your academic transcript as proof.

5.0 PROVISIONAL REGISTRATIONS

Level of study		Class of Study	
Name of Institution			

6.0 ESTIMATED FEES IN UGANDA SHILLINGS

Tuition fees :	Other fees:	SCHOOL VERIFICATION AND RECOMMENDATION
Meal fees:	Books:	Verified By:
TOTAL TERMLY FEES:		Date, Signiture and Stamp
Have you applied with other companies for a bursary or a sponsorship? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes please specify:		

7.0 TERMS AND CONDITIONS OF THE SCHOOL FEES BURSARY

1. Completed application forms can submitted through P.O.Box 11406, Kampala or hand delivered to our offices in Arua or Maracha across the year but only reviewed in November with results released by December.
2. Only successful applicants will be notified but all applicants are encouraged to follow up in Janauary.
3. Bursary is dependent on availability of resoureces, discipline and academic performance.

8.0 DECLARATION

- I confirm that the information supplied is accurate and truthful.
- I understand that all the information provided in my application may be followed-up and I authorise **Amani Initiative** to contact any relevant person or institution for relevant references.
- I authorise any school / university / employer to provide **Amani Initiative** with relevant information that may be useful in making a decision.

Signature of Applicant

Date

Signature of Guardian/parent

Date

Witness

Date