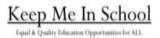




AMANI INITIATIVE SCHOOL FEES BURSARY APPLICATION FORM

FOR OFFICE USE ONLY						Colour ID/Passport			
Application	on No.:					Pho	to		
Category	of application:								
Full Burs	ary Hal								
Date of Reciept:									
Application	on Status: Approv								
Signiture	Application Status: Approved Rejected Signiture and Stamp:								
1.0 APPL	CANT'S PERSO	ONAL DETAILS							
Surname:			First name	es:					
Gender:			Male			F	emale		
Do you h	ave a disability?	YES NO		If y	es, specify:				
Are you a	child mother or f	ather?? YES	NO 🗌	If y	es, specify:				
Do you st	ay with your pare	nts? ? YES N	NO 🗌	If n	o, specify:				
ID Numb	er:			Dat	e of birth:				
Nationalit	y:								
Your con	tact number:								
2.0 PARENT/GUARDIAN DETAILS AND LC RECOMMENDATION									
Mother:	First Names:	!	Surname:		О	ccupation:			
Father	First Names:		Surname:			ccupation:			
District:		Sub County :		arish:		Village:			
•	permanent reside			_	ecify:-	_			
Are you a	ble to support oth	ner school needs of th	e child: YI	ES L	NO [
Telephor	ne number (Fath	er):		Tele	phone nu	mber (Father):			
Signiture	of Confirmation	by Parents/Guard	ians: Fath	ner:		Mother	:		
LOCAL COUNCIL ONE VERIFICATION AND RECOMMENDATION									
Verified a	and Recommend	led By:							
Date, Signiture and Stamp:									
3.0 EDUCATIONAL PARTICULARS									
Level of	education	Primary	Secondar	у	Hig	her Institution of Le	earning		
Specify class									
Name and Address of school:									
Telephon	e number of scho	ol:							
Period att	tended – From:	To:							





4.0 ACADEMIC RESULTS (For last 3 years)

Signature of Guardian/parent

Witness

Acaden	nic Year	Total Scores	Grading	Position in Class
Year 1 ()			
Year 2 ()			
Year 3 ()			
Please attach Ceri	tified proof of vo	our results/ full details of your	academic transcript as proof.	

Year 2 ()							
Year 3 ()							
Please attach Certified proof	of your results/ full details	s of your academic tra	enscript as proof.				
5.0 PROVISIONAL R	EGISTRATIONS						
Level of study		Class of Study					
Name of Institution		•					
6.0 ESTIMATED FEI	ES IN UGANDA SH	ILLINGS					
Tuition fees:	Other fees:	SCHOOL	SCHOOL VERIFICATION AND RECOMMENDATION				
Meal fees:	Books:	Verified By:					
TOTAL TERMLY F	EES:	Date, Sign	Date, Signiture and Stamp				
Have you applied with	other companies for a	bursary or a spon	sorship? YES	NO [
If yes please specify:							
7.0 TERMS AND CO. 1. Completed apploaffices in Arua of 2. Only successful 3. Bursary is depen 8.0 DECLARATION I confirm that the in I understand that al Initiative to contact	ication forms can sub- r Maracha across the yeapplicants will be notifi- dent on availability of a formation supplied is a l the information prove any relevant person of ol / university / emplo	mitted through P ear but only review ied but all applicate resoureces, discipled accurate and truth rided in my applicate r institution for re	O.Box 11406, Kan yed in November with this are encouraged to ine and academic per ful. cation may be follow levant references.	mpala or hand delivered to our of the results released by December. To follow up in Janauary. The erformance. Wed-up and I authorise Amanich relevant information that may			
Signature of Applic	cant		Date				

Date

Date