

APPLICATION FORM - COHORT ONE ACADEMIC YEAR - 2017/2018

Royal Academy of Art and Design, in partnership with The RAAD Scholarship Initiative is implementing a Scholarship Program that targets academically bright yet economically disadvantaged Ugandan youths with limited chances to peruse tertiary education. Scholarships will be given to only students who want to pursue diplomas and certificates offered at Royal Academy of Art and Design. This application form is downloadable free of charge, but if picked from the Academy, its at a fee of 5000Ugx. Applicants are advised to read the application form carefully and to answer every section and question. After completing the form, submit it to the Academic Registrar's Office, Royal Academy of Art and Design, or send by email to: **raadscholarshipinitiative@gmail.com**. Only short listed candidates will be contacted to appear for interview. 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. The deadline for submission is 30th June, 2017.

To be filled by applicant (Incomplete applications will automatically be cancelled)

Section A: Personal Information of Applicant (As per your UCE or UACE registration)

- A1. Surname: _____
- A2. Other Names: _____
- A3. Date of Birth (dd/mm/yyyy) (*Attach a photocopy of a birth certificate*) _____
- A4. i. Sex: Male _____ Female _____ (*Tick applicable*) ii. Place of Birth: _____
- A5. Native Language: _____
- A6. Contact Phone Number(s): _____
- A7. **Current Home Location**
- i. Village: _____ iii. Sub-County: _____
- ii. District of residence: _____ iv. Country: _____
- A8. i. Name the nearest main road from the district town to your home/residence

- ii. Attach a sketch map of how one gets to your home/residence or draw it on page 8

- A9. Give a distinctive feature near or opposite your home: _____

- A10. What is your district of origin, if different from district of residence

Section B: Contact Information (For the person who is currently taking care of you)

- B1. Father's /Guardian's Name. (Specify if Guardian): _____
- B2. Mother's Name. : _____
- B3. Contact Telephone Number(s): Fathers: _____ Mother: _____
- B4. Any Other Relevant Contact Number(s) (Specify Owner): _____

School Contact Information (For your most recent school):

- B5. School email address _____
- B6. School telephone number(s): _____
- B7. Other contact person likely to know how to reach the applicant in the future (should be Ugandan resident)

- B8. His/ Her relationship to applicant: _____
- B9. His/Her contact email address: _____
- B10. Contact telephone number(s): _____

Section C. Academic Information

C1. (a) Uganda Advanced Certificate of Education or its equivalent examination results (Attach photocopy of certificate)

Index No: _____ Year of completion: _____

Subject	Grade	Subject	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C1. (b) Uganda Certificate of Education or its equivalent examination results (Attach photocopy of certificate)

Index No: _____ Year of completion: _____

Subject	Grade	Subject	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C1. (c) Primary Leaving Education (P.L.E) or its equivalent examination results (*Attach photocopy of certificate*)

Index No: _____ Year of completion: _____

Subject	Grade	Subject	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C2. Amount of fees paid at each level per term:

a. Advanced level, Secondary school: _____

b. Ordinary level, Secondary school: _____

c. Primary school: _____

C3: Which academic program are you interested in at Royal Academy of Art and Design?

First Choice: _____

Second Choice: _____

Section D: Socioeconomic Background

D1. Do you live at an orphanage or other care institution? Yes _____ No _____ (*Tick applicable*)

D2. State the status of your parents;

a. Status of your Mother Alive _____ Deceased _____ Unknown _____ (*Tick applicable*)

b. Status of your Father Alive _____ Deceased _____ Unknown _____ (*Tick applicable*)

D3. In case you response in either D2. a,b or both above is Deceased or Unknown;

Who is the head of your Household?

D4. i. Is the head of your household the same person paying your tuition fees? Yes _____ No _____ (*Tick applicable*)

ii. If your answer above is No, who is currently responsible for your tuition fees? _____

D5. Specify; a) Gender of your Head of household _____ b) Age _____

D6. Head of Household's highest level of education completed: (*Tick applicable*)

Primary _____ Secondary _____ Tertiary _____ No formal Education _____ Others(Specify) _____

D7. Head of household occupation

D8. Occupational Status of head of household: (*Tick applicable*)

Employee - Full-Time Employment _____

Employee - Part-Time Employment _____

Self-Employed - With Employees _____

Self-Employed - Without Employees _____

Retired - With Pension _____

Retired - Without Pension _____

Not Employed _____

D9. Head of Household's income: _____ Per Month, _____ Per Year

D10. List other source(s) of income for Head of Household:

Activity (Source)	Income
_____	_____
_____	_____
_____	_____
_____	_____

D11. If the person paying your tuition fees is different from your head of household, State;

D12. His/Her highest level of education completed: *(Tick applicable)*

Primary ____ Secondary ____ Tertiary _____ No formal Education ____ Others(Specify) _____

D13. His/Her occupation

D14. His/Her Occupational Status: *(Tick applicable)*

Employee - Full-Time Employment _____

Employee - Part-Time Employment _____

Self-Employed - With Employees _____

Self-Employed - Without Employees _____

Retired - With Pension _____

Retired - Without Pension _____

Not Employed _____

D15. His/Her income: _____ Per Month, _____ Per Year

D16. His/Her other source(s) of income:

Activity (Source)	Income
_____	_____
_____	_____
_____	_____
_____	_____

D17. Any other person that take care of your household expenses? *(Tick applicable)*:

Parent(s)____ Guardian(s) ____ Self Sibling(s) ____ Guardian(s) not related to you ____

Community member(s) ____ Government ____ Others _____

D18. Please specify: _____

D19. i. Have you had any school scholarship before? Yes ____ No ____ *(Tick applicable)*

ii. If yes, name the awarding organization : _____

iii. Are you still on that organization's list of sponsored students Yes ____ No ____ *(Tick applicable)*

D20. If No, Why? _____

- D21. Estimated household expenses at time of application (e.g. Food costs, electricity bills, rent costs):
(Per month) _____
- D22. Number of people you stay with in the house, including the applicant: _____
- D23. Number of dependent children who don't go to school excluding applicant at your home:

- D24. State whether your household has livestock? Yes _____ No _____ (Tick applicable)
- D25. List the livestock and state the numbers

- D26. Does the household have electricity? Yes _____ No _____ (Tick applicable)
- D27. Number of dependent children living in household including the applicant: _____
- D28. State the type of Toilet (Tick applicable)
Flash toilet _____ VIP latrine _____ Composting toilet _____ No facility /bush /field _____
- D29. Is the facility in D28 above shared with neighbors Yes _____ No _____ (Tick applicable)
- D30. Is their running water in the household Yes _____ No _____ (Tick applicable)
- D31. Type of Roofing material: _____
- D32. Type of house (permanent or semi-permanent): _____
- D33. Type of Floor: _____
- D34. Number of Rooms in the house: _____
- D35. List the assets in the house i.e. home phone, TV, Radio, Bicycle, Car, Refrigerator, cooker etc.

Section E: Leadership Experience

- E1. Describe previously held leadership position, activities, or experiences: (i.e. positions where the scholar has guided or led a group of people, a project, or a cause):

- E2. Awards and Honors received: (i.e., school, community, organizational or citizenship awards and medals for outstanding leadership, performance, etc received)

- E3. Are you good at public speaking? Yes _____ No _____ (Tick applicable)
- E4. Participation in extracurricular activities: (Tick applicable)
Sports _____ Religious Groups _____ School Clubs _____ Community services _____
Local organizations _____ Peer-to-peer groups _____ MDD _____ Other _____
- E5. Other Explain _____

- E6. If you have been a member of a team, club, organization, or association, Name organization and specify your role: _____

- E7. If you have previous work experience, please name the job and a brief explanation of the experience

Section F: Community Service Experience

- F1. Describe your previous voluntary experience and where

- F2. i. Describe any activities undertaken that demonstrated your commitment to community, spirit of service, and or 'give back' qualities:

- ii. How do you intend to give back to your community in service, during and after school if awarded this scholarship: _____

 _____ (Attach additional explanation if necessary)
- F3. Describe your aspirations for social change and how you plan to achieve social change through your career

- F4. a). Which sectors do you plan to impact through your social change aspirations?

- b). Why this particular sector: _____

- F5. Which sectors do you plan to impact through your career aspirations? _____
- F6. Do you have any form of disability? Yes _____ No _____ (Tick applicable)
- F7. If yes, what form of disability? _____

F8. How did you hear about the Scholars Program: *(Tick applicable)*
Radio _____ Newspaper _____ Poster _____ Word of mouth _____ Others _____

F9. Other, specify _____

Section G: Applicant Declaration

Applicant 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 below.

Applicant:

Signature: _____ Date: ____ / ____ / ____

Parent/Guardian:

Name (Full Names) _____ (Known in your area of residence)

Signature: _____ Date: ____ / ____ / ____

- Please Note:
- i. The decision of The RAAD Scholars Initiative, Selection Committee at Royal Academy of Art and Design for award is final.
 - ii. The Committee reserves the right to award the Scholarship
 - iii. Full details about the scholarship should be got from the Royal Academy of Art and Design, Academic Registrar's office

SECTION H: TO BE COMPLETED BY THE HEAD TEACHER OF YOUR FORMER ADVANCED LEVEL SECONDARY SCHOOL *(Tick applicable)*

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

Academic ability *(Tick applicable)*

H1. Excellent (among the top 10) ____ Very good (top 20) ____ Good (top 35) ____ Fair (top 50) ____

Financial ability: *(Tick applicable)*

H2. Rich ____ Middle-class ____ Economically Disadvantaged ____ Highly disadvantaged ____

Name and Signature of Head Teacher

Name: _____ Signature _____
(with date and stamp)
Mobile No. _____ Date: ____ / ____ / ____

SECTION H: TO BE COMPLETED BY LOCAL COUNCIL 1 CHAIRPERSON FROM THE RESIDENCE OF THE APPLICANT

- a) Surname _____ Other name(s) _____
- b) Village (LCI) _____ Parish _____ Sub-County _____
District of residence _____
- c) Does the applicant reside in this village? Yes/No _____
- d) If yes, for how long _____
- d) For how long have you known the applicant? _____
- e) What is the applicants' district of origin? _____
- f) How many biological children are in her/his family? _____
- g) How many are independent or working? _____
- h) Are the applicants parents still alive? _____
- i) If they are deceased, whom does the applicant stay with _____
- j) What does the father do to earn a living? _____
- k) What does the mother do to earn a living? _____
- l) Who was paying the applicants' fees at secondary school level? _____
- m) Any other important information?

Recommendation: (Please append Stamp and Date)

a. Strongly Recommended ____ b. Recommended ____ c. Not Recommended ____ *(Tick applicable)*

State the reason(s) for your recommendation _____

Declaration

I _____ the undersigned, hereby declare that I have carefully checked and verified the particulars stated above and certify that they are true and accurate.

Name _____

Signature _____

LC 1 Chairperson

Date & Stamp: _____

Draw a sketch map to your residential home here.