

NAMUWAYA EDUCATION CENTRE

SCHOLARSHIP AWARD APPLICATION

INSTRUCTIONS:

- 1. All questions must be answered. Incomplete applications will be disqualified. Please use **N/A** to indicate unable to answer. Leave no blanks.
- 2. Applications must be typewritten or handwritten.
- 3. Attach additional sheets as needed in order to complete questions 4 and 9.
- 4. Applications must include the following:
 - Complete Application form
 - Three references with complete contact information for each (on application form)
 - A copy of your most recent school report card
 - A complete medical form including birth certificate
 - Two passport size photographs of the parents/Guardian
 - Two passport size photographs of the child
- 5. Applications will only be received at the school premises. THERE WILL BE NO EXCEPTIONS.

Please hand deliver completed applications to:

The Director of Studies
Namuwaya Education Centre
Kirinya-Kira Municipality
P.O.Box 36257

+256790915586/+256752344078/+256774606646

Email: caabuka@gmail.com

Website: https://www.namuwayaec.sc.ug

6. Successful applicants will be notified by telephone endeavor to include current telephone contacts. Interviews will be necessary.

Note: Scholarship awards are limited to cover tuition and fees. Amounts awarded to Successful candidates are at the discretion of the school Scholarship Committee.

scholarship Appli	cation Form, Page	1			
. Applicant's Nam	ne:				
. Parent/ Guardian	ı:				
. Nationality:					
-					
. List the previous	schools attended:				
School	Address	Acadei	cademic performance		
		Subject	Score	Grade	
		English			
		Mathematics			
		Science			
		Social Studies			
		Literacy 1			
		Religious Education			
		Literacy 2			
		Reading			
		Language Development			
		Health Habits			
		Social Development			
		Writing			
		Division/Total			
	ou applying for? Activities: (Include s	ports, clubs, offices held in scho	ool.)		
. Religious Affilia	tion: (Include churc	h and community activities.)			
. What section wil	ll you attend? (Board	ding/Day)			
. Any other inform	nation regarding the	applicant: (e.g. Health complic	ations/special	learning needs)	

Scholarship Application Form, page 2

Pupil's Name:								
10. F	Please supply three personal a	dult references (Par	rents/Guardi	ans).				
SN	Referee's Name	Relationshi	ip	Home Phone	Work Phone			
1 2 3								
3								
11. <i>A</i>	Applicant's name and contact	information:						
Appl	licant's Signature				Date			
<u>Pare</u>	ent's details	_						
Nam	e:							
	rict / Village			Town				
	ne Phone							
Sign	ature		Date					
	This sec	 tion is to be filled l	by the schoo	l administrator.				
12. S	School Administrator (Design	ation):	Signature	e				

DEVIATION FROM INSTRUCTIONS MAY RESULT IN DISQUALIFICATION!