

Mastercard Foundation Scholars Program at the University of Rwanda

Scholarship Application Form-Academic year 2021 – 2022

Instructions

Note: Carefully Read the Instructions Below & Browse through the whole application form before completing your online application on <https://mcf scholars.ur.ac.rw>

1. Download an empty form [HERE](#) and read what is required at each section
2. Only students admitted to UR in eligible programs to be supported by the MCF-SP@UR for the academic year 2021-2022 (see the call for application) are eligible to apply.
3. Only students with at least 70 aggregate marks for programs in Medicine and Pharmacy, 67 aggregate marks for other programs or equivalent, 80% aggregate mark or equivalent for applicants from Teacher Training Centres (TTC), and 55% aggregate mark or equivalent for applicants from TVET schools, are eligible to apply.
4. Only students in selected programs at Nyarugenge Campus, Gikondo Campus, Huye Campus, Rukara Campus, and Busogo Campus are eligible to apply. Please check the eligible program on the call for application.
5. Provide one duly signed and sealed proof/recommendation letter from a competent authority on:
 - a. Family status (partial or total orphanhood) and critical economic needs.
 - b. Leadership in any one important organ (school, community, association, or any other engagement).
6. In addition to the general application form, refugee applicants must complete the refugee declaration form (available on the application portal) and attach a refugee status certification.
7. In addition to the general application form, Youth With Disability applicants must complete the disability declaration form (available on the application portal) and attach a disability certificate from a recognised association of people with disabilities (e.g: NCPD, NUDOR, RUB, RNUD, etc).
8. Attach any other any other document that you think may support your application.
9. Applicants must ensure that all sections are completed, incomplete application will not be considered.
10. Make sure that: the form is fully completed, all required and necessary documents are duly attached, and click on **SUBMIT** to complete the online application.

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A.O. Applicant Expression of Study Interest

PLEASE ATTACH PASSPORTSIZE PHOTOGRAPH	Please include National Identity Card Number/Passport number/Birth certificate number/ Any other valid identification for refugees in Rwanda:		
	Title of Academic Program admitted to:		
	College:		
	Aggregate School leaving mark		
	Scholarship Applied to (Tick the correct one)	Refugees	Youth with Disability

Section A. Applicant Biodata (as applicable in your National Registration Documents)

Code	Particular				
A1	Name				
	a) Surname:				
	b) First name:				
	c) Other names:				
A2	Gender (Tick where applicable)	Male	Female		
A3	Marital status	Single	Married	Widow/widower	Divorced
A4	Date of Birth (dd/mm/yyyy)				
A5	Place of Birth				
	<input type="radio"/> Village				
	<input type="radio"/> Cell				
	<input type="radio"/> Sector				
	<input type="radio"/> District				
	<input type="radio"/> Province				
	<input type="radio"/> Country				
A6	Residence contact address				
	<input type="radio"/> Village				
	<input type="radio"/> Cell				
	<input type="radio"/> Sector				
	<input type="radio"/> District				
	<input type="radio"/> Province				
	<input type="radio"/> Country				
	<input type="radio"/> Email (please provide your email address)				
	<input type="radio"/> Re-type your email address				
	<input type="radio"/> Telephone contacts (include Mobile phone number if available. If not available include for any relative/ neighbor/local administrator closest to you)				
	<input type="radio"/> Name of Telephone number owner				

Section B: Applicant's Education Background

Code	Particular					
B1	In this section precisely describe your educational background and funding history as required in the respective sub-sections.					
	Name of school (Start with primary education)	City/Country	School ownership (private/public)	Aggregate Grade	Year of completion	Average cost of fees (per year)

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B2	Who was paying your secondary school fees?	Parents	Other family member	Others (e.g., Government, UN, NGO, etc)
B3	Did you ever stop attending or drop out of school because of finances? Or any other reason?			
B4	If yes on question above (B3) please elaborate a bit on what happened (max 200 words)			

Section C: Family Background

Code	Particular			
C1	Parent Status	All parents Alive	one deceased	all Deceased
C2	Lives with:	Parents	Guardian	Others (specify)
C3	If Guardian or others, please indicate Guardian's or other relationship with you			
C4	State the name of Parent, guardian, or your other household head			
C5	Parent, guardian, or your other household head's phone contact			
C6	How many siblings:			
C7	Do you have children? (Yes or no)			
C8	If yes indicate age of your children			
C9	Parents, Guardian, or other household head's occupation	Civil servant	Self Employed (business)	Casual workers & non-regular jobs, peasant farmer? unemployed
C10	Indicate the approximate amount of family or guardian Net monthly Income (if not in formal employment, compute together the income from various sources)RWF		

Section D: Other Family Associated Information

Code	Particular					
D1	Who among the following contributes the most to the household income (select a maximum of 3)	Parents/Guardian		Self		
		Brothers/sisters		Community, Government, Other donors		
D2	Does your household own a house, rents, or lives in camp	Own a house	rents	Lives in camp		
D3	Does your household own livestock?	Yes		No	Not applicable	
D4	If yes (in D3), list the type and number of livestock	Livestock type & number			Livestock type & number	
		1. Cattle		4. Pork		
		2. Goat		5. Poultry		
		3. Sheep		6. Others		
D5	Is your family house connected to electricity?	Yes		No	Not applicable	
D6	What is your major water source for household use?	Water source			Distance to the source (km)	
		a. Family Borehole				
		b. Community borehole				
		c. Others (specify)				
		d. Not Applicable				
D7	Ubudehe Category (Upload Ubudehe category form)	4	3	2	1 Not Applicable	
D8	Apart from the family income, What are your other sources of income? (Rank them in order of importance)	1.		3.		
		2.		4.		
D9	Do your parents/guardian own a car or motorbike/ bicycle?	Yes		No	Not Applicable	
D10	What else should we know about your financial condition in order to consider you for this scholarship? (100 words max.)					

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Section E: Leadership experience and participation in community activities

Code	Particular				
E1	Have you held any leadership position in your lifetime?	Yes	No		
E2	If yes, please specify the leadership/position and period (add as many as possible & please attach certificates of recognition if any)	Leadership position	Group	Year	
		a.			
		b.			
		c.			
E3	Have you been a member of a group/ association/a club?	Yes	No		
E4	If yes (in E3), please specify the group and your role	Club/association/club	Role/position	Year	
		a.			
		b.			
		c.			
		d.			
E5	Have you actively participated in meaningful community service/ community related activities?	Yes	No		
E6	If yes, please specify the activity and your role in each of the activities.	Activity	Group	Year	
		a.			
		b.			
		c.			
		d.			
E7	Are you currently volunteering in any activity in your community?	Yes	No		
E8	If yes, in which ways are you currently involved	a.			
		b.			
		c.			
E10	Persistence is crucial to the completion of this program. In no more than 200 words, please describe a situation where you had to overcome a significant obstacle/ challenge(s) to reach a goal. How did you react to this challenge, and what did you learn from the situation?				

Section F: Work Experience & Future outlook

Code	Particular				
F1	Provide details of work experience gained before or after the completion of your secondary/high school	Name and address of Organization You worked for; and indicate job title	a. Dates from – to	b. Average monthly salary	c. Reason for leaving Employment
		1.			
		2.			
		3.			
		4.			
F2	Describe your most significant contribution to each of the organizations you have listed above (200 words max)				
F3	Please rank in order of preference the first three sectors you would like to work in the most. (Rank from the most preferred as 1, to the least important as 9)	Sector	Rank		
		Education			
		Finance and Banking			
		Agriculture and Environment			
		Engineering			
		Medicine and Health care services			
		Telecommunications			
		Religious and social services			
		public service and Government			
Others (specify)					

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Section G: Other information

Code	Particular		
G1	Do you have any disability or special needs - Yes/No		
G2	If yes, the program will support you to undertake your education smoothly. Please fill additional form for youth with disability or special needs		
G3	Do you have any past medical history of chronic illness (note that you need to provide true information? Your medical condition does not in any way disadvantage your application). Yes/No, if yes, please specify		
G4	Have you ever been arrested and/or convicted by a court of Law? Yes/No, if yes, what was the cause		
G5	Was English your language of instruction at your previous education level?	Yes	No
G6	How would you rate your English language proficiency	Very good	Average Low
G7	Did you use computers at your previous education?	Yes	No
G8	How would you rate your IT & computer skills?	Very good	Average Low
G9	How did you learn about this scholarship?	a. Radio b. Newspaper c. Poster d. Mastercard foundation staff e. Staff from UR	f. Former school g. Friend or word of mouth, h. Website i. Others (Specify)
G10	Do you have any other scholarship, Yes/No, if yes, please specify		
G11	Why are you interested in studying at UR, and how do you envision your chosen program of study at UR helping you to reach your long-term career and personal goals? What drives you to achieve your goals? (200 words max.)		

Note if you are a youth with disability or special needs and if you are a refugee or displaced youth currently living in Rwanda, please fill the specific additional Form B for youth with disability or special needs or form C for refugee or displaced youth

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Declaration

I.....do declare that all the information I have provided in the present application form is to the best of my knowledge true and accurate. I do agree that any information that may be deemed falsified and/or inaccurate shall lead to automatic disqualification of my application and/or scholarship. I do acknowledge that completing this application does not imply automatic award of scholarship. The decision of the Mastercard Scholars Program at the University of Rwanda (MCF-SP@UR) Selection Committee is Final.

Applicant Signature: _____

Date: _____

Witness

Parent or Guardian Signature: _____

Date: _____

Section H: Sworn Statements

1. RELEASE FORM

If selected to be awarded scholarship by Mastercard Scholars Program at the University of Rwanda (MCF-SP@UR), I agree to the education model and training framework that will be provided by the University of Rwanda to which I have been provided the scholarship to undertake my studies. I agree to abide by and allow the university Rwanda and Mastercard foundation for purposes of any public relations and purpose of promoting their mandate and services to the wider global context make use of any photographs and/or my personal biodata as permissible under ethical conduct. I provide MCF-SP@UR, the University of Rwanda and Mastercard foundation express permission to use the said material either complete or in part, alone or in conjunction with any wordings, caption, or drawing, prepare a brief biographical profile to be used for award presentation ceremonies, publications, and the internet.

2. EXCLUSIVITY

I declare that I will not provide any material to any organization without any prior informed consent of MCF-SP@UR, if such information is to be used to the detriment of MCF-SP@UR, the University of Rwanda, and Mastercard foundation. I pledge that I will not prosecute or institute any proceeding or make claims or demands either against MCF-SP@UR, the University of Rwanda, and Mastercard foundation or any of its staff and representatives in respect to the use of materials provided including photographs among others.

I do understand the details and conditions of the release and exclusivity conditions and endorse as here below

Name of the ApplicantSign.....Date.....

Place of signing P.O. Box

Telephone.....Email.....