



Mayanja Memorial Hospital Foundation

STUDENT SCHOLARSHIP SCHEME

With Support from Global Giving Partners

Plot 10 Bishop Link Road
P.O. BOX 920, Mbarara
Email: info@mmhfoundation.org
Web: www.mmhfoundation.org

1.0 Background

Mayanja Memorial Hospital Foundation (MMHF) is an NGO established to provide to promote quality and sustainable health for all. This overall goal is achieved through community outreach programs and human resource for health development. It is in pursuit of this goal that the Foundation Board of Directors instituted this Nurse Student Scholarship Scheme.

2.0 Purpose of the Scheme

MMHF received financial support from the global giving partners to support vulnerable nurse students certify as nurses. The scholarship will support the eligible students to cover tuition and practicum expenses, enrolled students are supported till they complete their courses.

3.0 Nature of Scholarship

- I. The scholarship shall be extended as a payable directly to the institute on behalf of the beneficiaries
- II. Renewal of funding shall be subject to receiving satisfactory progress reports from the beneficiary institute
- III. The MMHF reserve the right to withdraw the scholarship awarded to any awardees at any time without assigning any reason
- IV. Upon completion of the studies, it is expected that the awardees will work in Uganda for at least 3 years.

4.0 Who is Eligible to apply

- I. A Student who has completed Uganda Certificate of Education or Uganda Advanced Certificate of Education
- II. A Student who has been successfully admitted for a certificate or diploma course in nursing at MTI
- III. The ongoing nurse student who has proven difficulty in raising the funds to pay the institute dues.
- IV. A student who is vulnerable i.e. being in any of the following circumstances lost one or both parents, parents are known HIV/AIDS patients, from war ravaged areas
- V. A student who has passed the interview

5.0 Application Process

- I. The vetting committee shall invite applications through the print and other media during January-February every year for students who wish to benefit from the scholarship.

- II. Application forms can be obtained from the MMHF offices or downloaded from MMHF website www.mmhfoundation.org
- III. All sections of the application forms **MUST** be carefully filled in, attached with relevant documentation
- IV. Completed application forms can either be delivered in person to MMHF offices at plot 10 Bishop Link Road, Kakyeka or posted to MMHF P. O. Box 920, Mbarara
- V. Applicants, whose forms are not filled properly as required and have failed to attach the relevant supporting documents, shall be rejected.



MAYANJA MEMORIAL HOSPITAL FOUNDATION

Insert Recent
Passport Photo

APPLICATION FORM FOR SCHOLARSHIP AWARD 2011-12

- I. Read and fill the form carefully
- II. You are advised to attach relevant documents requested
- III. Incomplete information will lead to rejection of the application
- IV. The deadline for submission of the filled application forms will be communicated

Section A. Applicant's Particulars

1. a. Surname.....
b. Middle Name.....
c. First Name.....
2. a. Sex..... b. Date of Birth.....
c. Age..... d. Nationality.....
e. Marital status
3. a. District of origin d. County
- c. Sub-county e. Parish/ward.....
f. LC1/Village
4. a. Postal Address.....
b. Physical address.....
c. Phone contact

SECTION B: Family Background

For items 5-12 please indicate the details about your parents.

	Particulars	Father	Mother
5.	Name		
6.	Status (Alive/deceased)If deceased, give date of death with proof		
7.	District of origin		
8.	Occupation/Job title Either now or previous		
9.	Organization/place of work and phone contact		
10	Gross annual Income		

11. a. If deceased in number 8 (above) state the name of guardian.....
- b. His/her phone contact
- c. His/her Relationship with you
- d. Guardian’s occupation
- e. Guardian gross Annual income

12. Give details about your brother sister who is either ‘out of’ or ‘still in’ school in the table below.

Attach additional sheet if necessary.

Name	Occupation/Year in School/college/University	Name of organization/School /college/university	Name of sponsor

SECTION C: Applicants Education and Funding Levels

13. Education Background

Level	Name of school/college attended	Dates From to	Aggregate/grade	Name of sponsor/Relationship
PLE				
UCE				
UACE				

Please attach a photocopy of your certificates.

14. Funding applied for

Item	Amount
Tuition fees per Semester/quarter	
Practicum fees	

15. Briefly outline your carrier path

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SECTION D: To be filled by all applicants

Declaration: I hereby confirm and certify that the information I have filled in this form is correct to the best of my knowledge

Name Signature

Date

SECTION E: To be filled by the Institute Principal (Applicable to only the ongoing students)

16. Please comment on the applicant's suitability for a scholarship award:

a. Academic performance (provide students performance marks)

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b. Behaviour

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c. Comment on sponsorship history of the applicant

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d. Use the provided space below to justify why the student should be supported

Principal's name in full.....

Signature..... Date

SECTION F: Other Required Information

- i. A letter from the applicant's LC 1 Chairman detailing proof of residence and should ascertain the need for financial support
- ii. A letter from the Community Development Officer (CDO) of the applicant's sub county level should write a recommendation letter
- iii. A letter from the recent headmaster with brief description of the applicant's general behavior.

PLEASE NOTE THAT ANY CANVASSING AND THE ABSENCE OF ANY OF THE ABOVE REQUIREMENTS WILL LEAD TO REJECTION OF APPLICATION

