



GENDER MAINSTREAMING DIRECTORATE

**FEES WAIVER SCHOLARSHIP OFFERED BY  
MAKERERE UNIVERSITY COUNCIL**

Attach your  
passport  
photograph here

**APPLICATION FORM FOR ACADEMIC YEAR 2026/2027**

The Gender Mainstreaming Directorate, Makerere University manages the Fees Waiver Scholarship offered by Makerere University Council since 2011. This Scholarship supports female students who are bright but from economically disadvantaged backgrounds to study at Makerere University Main Campus and Jinja Campus.

Please read the form carefully before filling in and complete all the fields using block letters only.

**The application deadline is Friday, 7th August 2026 at 5:00PM. Filled application forms should be submitted to Gender Mainstreaming Directorate, Senate Building, Level 4, Room 402.**

**Please Note: There is no any fee involved at any stage of the scholarship.**

**A. APPLICANT'S PERSONAL INFORMATION**

A1	Surname (Block letters)	
A2	First name	
A3	Middle name (if any)	
A4	Sex (Only female applicants)	Female
A5	Date of Birth	
A6	Age	
A7	Nationality	
A8	Marital Status	

**B. APPLICANT'S CONTACT INFORMATION**

C1	Contact Telephone No.1	
C2	Contact Telephone No.2	
C3	Email address	
C4	District of Residence	
C5	County	
C6	Sub county	
C6	Parish	
C7	Village (LC1)	
C8	Father's name and telephone number (If alive)	Name: Telephone:
C9	Mothers name and telephone number (If alive)	Name: Telephone
C10	Guardian's name and telephone number (Where applicable)	Name: Telephone
C11	Name and telephone of LC 1 Chairperson	Name: Telephone:



**E. FAMILY BACKGROUND**

E1	<b>Details of biological father (even if deceased)</b>	(Attach death certificate if deceased)
	Surname	
	First name	
	Contact telephone no.	
	Physical location/address of work place	
	Physical location/Residence	
	Village (LC1)	
	Parish	
	Sub county	
	District	

E2. What does/did he do to earn a living? Please provide the details (State in specific and elaborate terms)

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E3	<b>Details of biological mother (even if deceased)</b>	(Attach death certificate if deceased)
	Surname	
	First name	
	Contact telephone no.	
	Physical location/address of work place	
	Physical location/Residence	
	Village (LC1)	
	Parish	
	Sub county	
	District	

E4. What does/did she do to earn a living? ***Please provide details***

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E5. Status of the candidate's biological parents (***Please tick in the appropriate box below.***)

Parents Status	Tick	Comments
Both parents are deceased		
Mother is alive		
Father alive		
Other (Specify)		

E6. Number of biological brothers, sisters in the family: (Note: Biological means having same mother and father or sharing either mother or father):

Siblings	Number	Comments
Biological brothers		
Biological sisters		
<b>Total</b>		

E7. How many of the above brothers and sisters are still studying? \_\_\_\_\_ Give their details below.

	Name	Age	School or Institutional address and telephone number	Class/ year	Sub-county and District where the school is located	Relationship to the applicant	Name of person responsible for fees
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

E8. Do you have any brothers or sisters who are employed? Yes / No (Tick the right answer)

E9. If yes, indicate their names, their qualifications, the jobs they do and their places of work in the table below. Make sure you provide the right information

	Name	Educational Qualification or Profession	Position	Place of work and its physical address
1				
2				
3				
4				

E10. Do you have any brothers or sisters who are neither in school nor employed? Yes / No (Tick the right answer).

E11. If yes, state their names, level of education, marital status, what they do to earn a living and their physical location/address in the table below.

	Name	Marital Status	Level of Education	What he/she does to earn a living	Physical location/ address
1					
2					
3					
4					
5					

E12. Do you have any sister/brother who has been supported by a Scholarship Program? **Yes/No (Tick the right answer)** . If yes, give more details \_\_\_\_\_

\_\_\_\_\_

**D. APPLICANT'S COLLEGE INFORMATION**

B1	Application Form No.(F2000)	
B2	Registration No	
B3	Student No	
B4	Programme of Study	
B5	College/School	

**F. ENGAGEMENT IN LEADERSHIP ACTIVITIES WHILE AT SCHOOL AND IN THE COMMUNITY**

F1. What Co-curricular activities have you participated in /intend to participate in? \_\_\_\_\_

\_\_\_\_\_

F2. What leadership positions have you held if any and your role (Provide proof) \_\_\_\_\_

\_\_\_\_\_

F3. What are your career goals and aspirations? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**G. IF THERE IS ANY INFORMATION YOU THINK MERITS THE ATTENTION OF THE SCHOLARSHIP COMMITTEE DO DETAIL IT IN THE SPACE BELOW (For a more detailed information, please use a separate sheet)**

**DECLARATION:**

I declare that I have read and understood the conditions for the Scholarship application and to the best of my knowledge, the information given above is correct.

<b>Applicant</b>		<b>Parent/Guardian</b>	
<b>Name</b>		<b>Name</b>	
<b>Signature</b>		<b>Signature</b>	
<b>Date</b>		<b>Date</b>	

**WARNING**

**NOTE THAT 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**

Draw a sketch map/hand drawn physical map of the applicant's home/residence with clear directions of how to get to that home or residence from the nearest main road (indicate approximate distances in kilometres) in the space below: