



UNIVERSITY OF WORLD MISSION FRONTIER

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Creative Innovators of Tomorrow

TO BE COMPLETED BY ALL STUDENTS APPLYING FOR UWMF SCHOLARSHIP

(THIS FORM IS NOT FOR SALE)

Affix a
photograph of
current likeness

Write your
name(s) on the
reverse side

1. PERSONAL INFORMATION

1.1. _____
Surname (Block Letters) Other name(s) (in full)

1.2. Sex: M ☐ F ☐ Date of Birth: _____
DD/MM/YYYY

1.3. Contact Information

_____ Phone number _____ Email _____ WhatsApp _____

1.4. Identification documents (Fill in only that/those you have)

National identity No. (NIN): _____ Passport: _____

Other (specify): _____

1.5. Home address

Village/LC.I: _____ Parish/Ward: _____

Sub-county: _____ District: _____

Emergency contact person:

_____ Name _____ Phone contact _____ Relationship _____

1.6. Education background information (Attach additional sheet if necessary)

School attended	Exam index number	Completion year	Points/aggregate scored
A-level school(s) attended			
O-level school(s) attended			
Primary school(s) attended			

1.7. School fees history (*Who paid fees for your previous education? Place a tick in the relevant cell.*)

	Name	Relationship	Phone Contact	Fees per Term
A-Level				
O-Level				
Primary				

2. APPLICATION/ADMISSION INFORMATION**2.1. Course/Academic Programme applied/admitted for**

2.2.

 Academic Year

 Study schedule/time

 Intake

2.3. Scholarship Categories(tick where applicable-see last page for explanations)

- i. ☐ Full scholarship
- ii. ☐ Chancellor's Bursary
- iii. ☐ WMF Bursary

3. FAMILY INFORMATION**3.1. Parents' / Guardians' Information**

	Father	Mother	Guardian (if any)
Surname			
Other name(s)			
Date of Birth			
Dead or alive?			
Village/LC 1			
Parish/Ward			
Sub-county			
District			
Nationality			
Country of Residence			
Highest Level of Education			
Occupation			
Postal Address			
Telephone Contact			

3.2. Family Socio-economic Situation (fill in the gap or place a tick in the box)

- i. Name(s) of biological brother(s) and sister(s) and their age(s) (Attach another sheet if necessary)

Name	Age (in months or years)	Attending school or not? (Answer: Yes or No)

- ii. Who pays fees for them? Mother ☐ Father ☐ Other (specify) _____

- iii. At what stage in the term are the fees paid?

Beginning ☐ Mid-term ☐ At the time of Examinations ☐

- iv. Any other dependants on the head of the household? If YES, fill in the table below (Attach another sheet if necessary)

Age of dependant (in years/months)	Relationship	Attending school or not? (Answer: Yes or No)

- v. Family medicare (Where do family members usually go for medical care/treatment?)

Government health centre/hospital ☐ Private Clinic/Hospital ☐ Missionary health facility ☐

Other (specify) _____

- vi. Source of food for the family Market ☐ Subsistence farming ☐

Other (specify) _____

- vii. Source of water for home use Well ☐ Tap ☐ Protected spring ☐

Other (specify) _____

- viii. Type of fuel and energy source used at home (You can tick more than one)

Electricity ☐ Gas ☐ Charcoal ☐ Firewood ☐ Kerosene ☐ Other (specify) _____

- ix. Type of family residence/shelter/house:

Permanent (brick walls, concrete and corrugated roof) ☐

Semi-permanent (walls of mud and wattle, and corrugated roof) ☐

Temporary (walls of mud and grass thatched) ☐

Other (specify) _____

- x. Where applicable, how big is the family land? Plot ☐ Other (specify in acres, or pieces) _____

- xi. Which of the following possessions do you have at home? (You can tick more than one)

Car ☐ Motorcycle ☐ Bicycle ☐ TV set ☐ Radio ☐ handset/telephone ☐

4. Give names of two (2) responsible persons from whom confidential information may be obtained about you if need arises

4.1 Name: _____ 4.2. Name: _____

Telephone contact: _____ Telephone Contact: _____

Address: _____ Address: _____

**5. Verification of Information by Local Council Administration and Head Teacher of Applicant's
A-Level School(For Theology – Pastor/Bishop)**

L.C. 1	L.C. 3	Head Teacher/Pastor/Bishop
Name: _____ _____	Name: _____ _____	Name: _____ _____
Telephone contact _____	Telephone contact _____	Telephone contact _____
Signature: _____	Signature: _____	Signature: _____
Date and stamp: 	Date and stamp: 	Date and stamp: Church(For Theology):.....

6. DECLARATIONS:

6.1 Please **note** that cases of **impersonation, falsification of documents** or giving **false/incomplete information**, whenever discovered either in the course of registration or afterwards, will lead to automatic CANCELLATION of admission or withdrawal of conferred qualification and prosecution in the Courts of Law.

6.2 Declaration

I certify that I have read and understood the conditions for admission to the University and that to the best of my knowledge the information given above is true.

SIGNATURE OF APPLICANT DATE:

Attach Copies of **Admission Letter, UCE** and **UACE Results Slips, Birth Certificate** and/or **National Identity Card**