

Section 2. Applicants' Preparatory Education Data

Information provided in this section should match information on your official documents i.e. National Identification Number, Preparatory Transcript, EHEECE Registration Form, etc.

2.1 Full Name of Preparatory School _____

2.2 Type of Preparatory School (Put 'X' in the box against your Choice) Private Government/ Public Church

2.3 Aggregate Score at Grade 11

2.4 Aggregate Score at Grade 12

2.5 Year of EHEECE

2.6 Score on EHEECE

Section 3. Applicants' Tertiary Education Information

3.1 Intended undergraduate study program. Please rank (R) each study program in order of preference (1st, 2nd, 3rd).

<input type="checkbox"/> Medicine	<input type="checkbox"/> Environmental Health & Occupational Safety
<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Sociology
<input type="checkbox"/> Nursing	<input type="checkbox"/> Social Work
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Psychology
<input type="checkbox"/> Laboratory sciences	<input type="checkbox"/> Special Needs and Inclusive Education
<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Law

Note: Ministry of Education's rules of admission limits shifts between study-streams chosen at preparatory level.

Section 4. Family Information

4.1 Parents life status Both alive Mother dead, father alive
 Both dead Mother alive, father dead

4.2 Mothers' highest level of education (Put 'X' in the box against the appropriate choice)

<input type="checkbox"/> Illiterate	<input type="checkbox"/> Grade 9-10	<input type="checkbox"/> Bachelors Degree
<input type="checkbox"/> Only read & write	<input type="checkbox"/> Grade 11-12	<input type="checkbox"/> Masters Degree
<input type="checkbox"/> Grade 1-4	<input type="checkbox"/> Certificate	<input type="checkbox"/> PhD
<input type="checkbox"/> Grade 5-8	<input type="checkbox"/> Diploma	

4.3 Mothers' highest level of education (Put 'X' in the box against the appropriate choice)

<input type="checkbox"/> Illiterate	<input type="checkbox"/> Grade 9-10	<input type="checkbox"/> Bachelors Degree
<input type="checkbox"/> Only read & write	<input type="checkbox"/> Grade 11-12	<input type="checkbox"/> Masters Degree
<input type="checkbox"/> Grade 1-4	<input type="checkbox"/> Certificate	<input type="checkbox"/> PhD
<input type="checkbox"/> Grade 5-8	<input type="checkbox"/> Diploma	

4.4 To the best of your ability, how much does your family spend per month to meet living expenses?

ETB _____	For rent	ETB _____	For food
ETB _____	For phone bills	ETB _____	For public transport
ETB _____	For medical bills	ETB _____	For electricity bills
ETB _____	For water bills	ETB _____	For clothing
ETB _____	For school/education	ETB _____	Other expenses

4.5 On average, how much does your family save per month? ETB _____

4.6 Please tick the type of housing that you live in

House owned by Parents <input type="checkbox"/>	<input type="checkbox"/> Rented premises paid by a third body
House owned by Family/Kin <input type="checkbox"/>	<input type="checkbox"/> Rented premises paid by parents

4.7 How many people live in the household (including parents, siblings, relative who lived for more than 6 months)? _____

4.8 Whom do you currently live with?

Birth parents <input type="checkbox"/>	<input type="checkbox"/> Relatives (siblings, grandparents, uncle/aunt)
Alone in rented house or <i>Sinqegna</i> <input type="checkbox"/>	<input type="checkbox"/> Non-relatives
Charity organizations <input type="checkbox"/>	<input type="checkbox"/> Others (Specify) _____

4.9 Describe the dwelling unit in which you lived including the roofing material, type of building materials used, number and type of rooms, location, electricity and types of appliances and amenities **BY CIRCLING THE ONES THAT APPLY.**

Constructions materials of house Mud/Wattle Cinderblock/Fired Brick
 Mud/Brick Wood
 Others (Please specify) _____

Roofing material of house Metal Cement
 Thatch

Flooring material of house Mud Wood
 Brick tiles Cement

Type of toilet facility Flush/pour flush toilet Composite latrine
 VIP latrine No facility/bush/field
 Uncovered pit latrine Ecosan
 Others (Please specify) _____

4.10 Does your family share toilet facility with other households?

Yes No

4.11 Do you know how to use or operate any of these gadgets? (Note: Put 'X' in the box against your choice)

01 Mobile/Cell Phone Yes No
 02 Computer Yes No
 03 Internet Yes No

4.12 Does your family own any of the following items? (Note: Please put 'X' in the Yes/No boxes as they apply to you)

	Yes	No		Yes	No
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Landline Phone	<input type="checkbox"/>	<input type="checkbox"/>
Television	<input type="checkbox"/>	<input type="checkbox"/>	Car	<input type="checkbox"/>	<input type="checkbox"/>
Satellite dish	<input type="checkbox"/>	<input type="checkbox"/>	Bajaj	<input type="checkbox"/>	<input type="checkbox"/>
Electric iron	<input type="checkbox"/>	<input type="checkbox"/>	Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>
Computer	<input type="checkbox"/>	<input type="checkbox"/>	Horse/donkey/mule	<input type="checkbox"/>	<input type="checkbox"/>
Laptop	<input type="checkbox"/>	<input type="checkbox"/>	Oxen/Cow	<input type="checkbox"/>	<input type="checkbox"/>
Internet access	<input type="checkbox"/>	<input type="checkbox"/>	Sheep/Goat	<input type="checkbox"/>	<input type="checkbox"/>
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	Land	<input type="checkbox"/>	<input type="checkbox"/>

Section 5. Voluntarism, Leadership and Future Aspirations

Leadership positions held	Description of roles and responsibilities	Contact person (if available)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
Community service/Voluntary work done	Description of roles and responsibilities	Contact person (if available)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
Achievements/awards/honours	Description of roles and responsibilities	Contact person (if available)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

DECLARATION.

I, the undersigned, hereby declare that the information given in this application form is true and accurate to the best of my knowledge. I acknowledge The UoG and The MCF reserve the rights to revoke my admission to the university as well as my scholarship and take the necessary legal action against me if the information I provided here was found inaccurate or invalid. I will avail myself for home visits and interviews, and cooperate with the MCSP Recruitment and Selection Committee during the verification process.

Signature/fingerprint of Applicant or
Parent/Legal guardian. _____

Date. ___ ___ 2009

OFFICIAL ENDORSEMENT OF APPLICATION.

The Applicant is required to endorse the information contained in this Application Form and his/her Declaration by his Headmaster or Headmistress (in the case of Boarding School), Preparatory School Director or Kebele/City Administrator.

I, the undersigned, know the applicant for _____ (how long?) and, to the best of my knowledge, vouch all the information he/she provided in this Application Form is credible.

Name (Use CAPITAL Letters). _____

Name of the Organization. _____

Position held in the Organization. _____

Signature. _____

Date. ___ ___ 2017

Official Seal.

Checklist: Before submitting your application, make sure you have included all the following credentials and testimonials:

1. The Application Form should be fully completed i.e. contains all the required information.
2. Your Application Form should be accompanied by:
 - a. A medical paper signed by the Health/Hospital Board attesting to your disability type and degree, if your disability has been assessed by a professional and you have a testimonial.
 - b. A copy of your Kebele Id or Passport Copy.
 - c. A copy of your Grade 11 and Grade 12 Student Transcripts.
 - d. A copy of your EHEECE registration Form.
 - e. Three reference letters: teacher, director and community service supervisor

NOTE: When applying through email, attach the Application Form and scanned copies of all credentials and testimonials.

Submit your applications to:

Mailing Address:

University of Gondär
P.o.Box. 196
Gondär
Ethiopia

Emailing Address:

uog.mcfsp@gmail.com

For inquiries:

Dr Mikyas Abera, Program Manager
mikidar2011@gmail.com

Mrs. Adina Demessie, Undergraduate Coordinator
adinabogale@gmail.com

FOR OFFICE USE ONLY

RECEIPT OF APPLICATION

APPLICATION NO. _____

Officer's Name, Position

Signature, Date

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