



Mastercard Foundation Scholars Program Undergraduate Scholarship. Application Form

1.10 Email address (Primary)

1.12 Emergency Contact (who to contact in case of emergency)

Full Name.

Tel/Mobile No.

+ 2 5 1

Kebele

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. CGPA at Grade 8

2.3. Number of Subjects taken (G-8)

2.4. Average score at Grade 9

2.5. Average score at Grade 10

2.6. CGPA at Grade 10

2.7. Number of subjects taken (G-10)

2.8. Average score at Grade 11

2.9. Average score at Grade 12

2.10. Year of EHEECE (Ethio. Calendar)

2 0 1

2.11. EHEECE Registration Number

2.12 Score on EHEECE

2.13. Number of Subjects taken (EHEECE)

Section 3. Applicants' Tertiary Education Information

3.1 What is your preferred undergraduate study program? Please rank (R) each study program in order of preference (1st, 2nd, 3rd....)

(MoE rules of admission limits shifts between study-streams chosen at preparatory level; some programs have additional admissions rules that applicants must fulfil)

- Medicine
- Physiotherapy
- Nursing
- Pharmacy
- Laboratory sciences
- Psychiatry
- Health Officer
- Architecture
- Others
- Environmental Health & Occupational Safety
- Sociology
- Social Work
- Psychology
- Special Needs and Inclusive Education
- Law
- Optometry
- Engineering

Section 4. Family Information. For items 4.4-4.10, provide your response about the family you currently live with if parents are dead.

4.1. Parents life status

- Both alive
- Both dead
- Mother dead, father alive
- Mother alive, father dead

4.2. What is the average monthly income of your family in Ethiopian Birr?

ETB _____

4.3. On average, how much does your family save per month?

ETB _____

4.4. Please tick the type of housing that you currently live in

- House owned by parents
- House owned by family/kin
- Rented by third party
- Rented premises paid by parents
- Rented premises paid by own
- Others (Please specify) _____

4.7 Number of people who live in the household (including relatives who lived for at least 6 months)?

4.8 Whom do you currently live with?

- Birth parents
- Alone in rented house or *Sinqegija*
- Charity organizations
- Relatives (siblings, grandparents, uncle/aunt)
- Non-relatives
- Others (Specify) _____

4.9 Describe the dwelling unit of your parents/legal guardians in terms of its construction materials, size and numbers.

- Wall Mud/wood
- Plastic/wood
- Roof Metal
- Thatch
- Cinderblock/Fired Brick/cement
- Others (Please specify) _____
- Cement
- Others (Please specify) _____



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Floor Mud Wood
 Brick tiles Cement

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

4.11. 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		No	Yes
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 and Leadership.
Leadership. Any formally held leadership position you held in, for instance, school clubs, youth groups, women's or girls' groups, student union, disability associations, member of a working group, etc.
Voluntarism or Community Work. Any acknowledged but unpaid contribution you have made for, for instance, orphans, elderly, environmental protection or sanitation (planting trees, cleaning, etc.), people with disabilities, etc.
Achievements/Awards/Honours. Any certificate or medal you have received for excellence in academics, athletics, community service, employment, etc.

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. _____	_____	_____



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Section.6 Motivation, Aspiration and Giveback

6.1 What is your vision for your local community? How would this scholarship help you attain this vision? Are you willing to return back to your community and work to the betterment of conditions for the disadvantaged?

6.2 Describe a community service project that you think is interesting and has the potential to bring desirable changes. If you have been directly involved, provide details of your role and level of involvement. If you haven't been involved, but have seen the project in action, what qualities do those involved hold that you feel make them effective? (50 words maximum)

6.3 Write an essay on the problems and challenges of people with disabilities in Ethiopia and describe your role and strategies in dealing with these problems or challenges (50 words maximum).

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



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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. ___ ___ 2021

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. ___ ___ 2021

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 full body picture;
 - B. Copy of a medical paper signed by the Health/Hospital Board attesting to your disability type and degree, if any;
 - C. Copy of your Kebele Id or Passport;
 - D. Copy of your Grade 8, 9, 10, 11 and 12 transcripts;
 - E. Copy of your EHEECE Registration Form;
 - F. Copy of leadership/community service participation certificate (if available); and
 - G. 3 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:

Online:
www.uogqueensmcf.com

Mailing Address:
Mastercard Foundation Scholars Program
P.o. Box. 1082
Gondar
Ethiopia

Emailing Address:
mcfsp.uog@gmail.com

For inquiries:

Dr Mikyas Abera, Manager; mikidar2011@gmail.com

Ms. Adina Demessie, Coordinator. adinabogale@gmail.com

+251 (0)918 786962

FOR OFFICE USE ONLY

RECEIPT OF APPLICATION

APPLICATION NO. _____

Officer's Name, Position

Signature, Date

RECEIPT OF APPLICATION

APPLICATION NO. _____

Officer's Name, Position

Signature, Date

APPLICANT'S COPY