



Mastercard Foundation Scholars Program Undergraduate Scholarship. Application Form

OPENING DATE: October 24 2022
CLOSING DATE: five days after the announcement of cut-off point for University entrance

Form: MCFSP.01

ONLYFOR OFFICE USE

UoG Applicant Number

[This will be immediately assigned as soon as we receive your application. If submitted via email, this number will automatically be sent to your email address (if provided).]

PLEASE NOTE: This scholarship is open only for Ethiopian applicants that sat or will sit for the Ethiopian Higher Education Entrance Examination (EHEECE) in 2013EC and 2014EC in Ethiopia who intend to be a full-time undergraduate student at the UoG. Any applicant who wishes to pursue his/her undergraduate study on a fulltime basis and in the selected disciplines (ENVIRONMENTAL HEALTH AND OCCUPATIONAL SAFETY, MEDICAL LABORATORY, NURSING, PHYSIOTHERAPY, PSYCHIATRY, PSYCHOLOGY, SOCIAL WORK, SOCIOLOGY, SPECIAL NEEDS AND INCLUSIVE EDUCATION, HEALTH OFFICER, OPTOMETRY, MANAGEMENT, JOURNALISEM AND COMMUNICATION, HISTORY, GENDER AND MARKETING can apply for the scholarship.

Scholarships will be awarded on the basis of demonstrated academic ability, financial need, and disability status as well as community giveback and leadership potential using tailored checklists. The scholarship is full and covers the costs of tuition, accommodation/boarding, stipend and additional expenses as well as provides academic, financial and social support to make awardees develop as capable and transformative leaders in their communities. The scholarship adopts the approach of experiential learning and facilitates organizational attachments, summer-camps for scholarship holders.

APPLICATION PROCEDURE AND CONDITIONS.

- This application form –completed and signed – along with required documents should reach the Program Office no later than application closing date to be announced through TV, Radio, Website.. Applications submitted to other organizations or after the deadline will not be considered for the scholarship award.
- Only applicants that sat for the EHEECE in 2013EC and 2014EC are eligible for the 2015EC scholarship.
- **ONLY** applicants with (1) visual, hearing or mobility impairment, (2) scores on the EHEECE for entry to higher educational institutions in REGULAR or EXTENSION Program, and(3) proved financial difficulty will be eligible for award consideration.
- Only applicants a first degree (BA or BSc) or currently enrolled in any private or public university towards a 1st degree cannot apply for this Scholarship.

Section 1. Applicants' Biographical Data
[Fill in CAPITAL LETTERS]

Information provided in this section should match information on your official documents i.e. National Identification Card, etc.

1.1 Applicant's First Name

1.2 Applicant's Father's Name

1.3 Applicant's Grandfather's Name

1.4 Date of Birth (E.C.)
D D M M Y Y Y Y

1.5 Place of Birth
Region | _____
Zone | _____
Woreda | _____
Kebele | _____

1.6 Sex (Put 'X' in the box against your choice) Male Female

1.7 Any visual/hearing/mobility impairment? Yes No

1.8 If yes to Q 1.7, state the nature and degree of impairment (Put 'X' BOTH for type – visual, mobility, hearing - & degree – minor, medium, severe)

Visual	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	Hearing	<input type="checkbox"/>
Degree/Severity		Degree/Severity		Degree/Severity	
Minor	<input type="checkbox"/>	Minor	<input type="checkbox"/>	Minor	<input type="checkbox"/>
Partial	<input type="checkbox"/>	Partial	<input type="checkbox"/>	Partial	<input type="checkbox"/>
Total	<input type="checkbox"/>	Total	<input type="checkbox"/>	Total	<input type="checkbox"/>

1.9 Where did you write the EHEECE? National Regional State | _____

1.10 Home address (Current)
Region | _____ Zone | _____
Woreda | _____ Kebele | _____

House No _____ Tele.1 _____ Tele.2 _____



Mastercard Foundation Scholars Program Undergraduate Scholarship. Application Form

1.10 Email address (Primary)

1.11 Secondary Email address (Optional)

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. Calender) 2 0 1

2.11 EHEECE Registration Number

2.12 Score on EHEECE

2.13 Number of Subjects taken

Section 3. Applicants' Tertiary Education Information

3.1 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)

<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Environmental Health & Occupational Safety
<input type="checkbox"/> Nursing	<input type="checkbox"/> Sociology
<input type="checkbox"/> Psychology	<input type="checkbox"/> Social Work
<input type="checkbox"/> Laboratory sciences	<input type="checkbox"/> Management
<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Special Needs and Inclusive Education
<input type="checkbox"/> Health Officer	<input type="checkbox"/> Marketing
<input type="checkbox"/> History	<input type="checkbox"/> Optometry
<input type="checkbox"/> Gender	<input type="checkbox"/> Journalism & communication
	<input type="checkbox"/> Political science & International relation

Section 4. Family Information. For items 4.1.-4.8, provide your response about the family you currently live with if parents are dead.

4.1 Parents life status Both alive Mother dead, father alive
 Both dead 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 <input type="checkbox"/>	<input type="checkbox"/> Rented premises paid by parents /family
House owned by family/kin <input type="checkbox"/>	<input type="checkbox"/> Rented premises paid by own
Rented by 3 rd party (non -relative) <input type="checkbox"/>	<input type="checkbox"/> Charity organization
	<input type="checkbox"/> Others (please specify) _____

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

4.6 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 (not charity)
Charity organizations <input type="checkbox"/>	<input type="checkbox"/> Others (Specify) _____



Mastercard Foundation Scholars Program Undergraduate Scholarship. Application Form

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

Wall	<input type="checkbox"/>	Mud/Wood	<input type="checkbox"/>	Cinderblock/Fired Brick
	<input type="checkbox"/>	plastic/wood	<input type="checkbox"/>	Other, specify _____
Roof	<input type="checkbox"/>	Metal	<input type="checkbox"/>	Cement
	<input type="checkbox"/>	Thatch	<input type="checkbox"/>	Others, (specify) _____
Floor	<input type="checkbox"/>	Mud	<input type="checkbox"/>	Wood
	<input type="checkbox"/>	Brick tiles	<input type="checkbox"/>	Cement

Number of Rooms _____

Type of toilet facility	<input type="checkbox"/>	Flush/pour flush toilet	<input type="checkbox"/>	Composite latrine
	<input type="checkbox"/>	VIP latrine	<input type="checkbox"/>	No facility/bush/field
	<input type="checkbox"/>	Uncovered pit latrine	<input type="checkbox"/>	Ecosan
	<input type="checkbox"/>	Others (Please specify) _____		

4.8 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. _____	_____	_____



Mastercard Foundation Scholars Program Undergraduate Scholarship. Application Form

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).



Mastercard Foundation Scholars Program Undergraduate Scholarship. Application Form

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. ___ ___ 2022

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. ___ ___ 2022

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 orphan hood – at the place of birth of the applicant (if parent/parents is/are died)
 - G. Copy of leadership/community service participation certificate (if available); and,
 - H. 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
Gondär
Ethiopia

Emailing Address:
mcfsp.uog@gmail.com

For inquiries:

Mr. Geta Asrade ; getasrade64@gmail.com

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

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+251 918161170

FOR OFFICE USE ONLY

RECEIPT OF APPLICATION

APPLICATION NO. _____

Officer's Name, Position

Signature, Date

APPLICANT'S COPY

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APPLICATION NO. _____

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Signature, Date