THE MASTERCARD FOUNDATION SCHOLARS PROGRAM AT UNITED STATES INTERNATIONAL UNIVERSITY-AFRICA (USIU-AFRICA)

Dear Applicant,

USIU-Africa appreciates your interest in the Scholars Program made possible by the partnership of Mastercard Foundation and USIU-Africa. By completing this application, you are taking the first step in a process that will allow us to learn more about you, your achievements, and your goals as a potential Scholar of this Program. We encourage you to read the application guidelines before filling the form. The application form is **NOT FOR SALE** and **NO PAYMENT IS REQUIRED**.

Completed application and supporting documents should be sent to mcfsp-applications@usiu.ac.ke by **Friday, August 7, 2020**. Our selection committee will review all applications carefully on a continuous basis and nominate finalists by the deadline**.** All finalists will be interviewed either in person or by phone in August 8 -18, 2020. Communications with the selected Scholars will be done from August 19 – 21, 2020.

A completed application should include the following:

1. Application letter stating the following:
   a) Personal Background including family financial position.
   b) Why you chose USIU-Africa.
   c) Where you see yourself after graduation.
2. Copies of academic documents (High school certificates);
3. Recommendation from your former sponsoring organization, a Head Teacher or advisor who has known you for at least two years;
4. A Passport size photograph;
5. A copy of your Birth certificate, National Identity Card or Passport and/or refugee travel document;
6. A copy of refugee identity document (where applicable).

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Please note that we will NOT evaluate applications that are incomplete.

DEADLINE:
All applications must be received by **Friday, August 7, 2020**. We strongly encourage earlier submissions.

A: PERSONAL INFORMATION

*Please enter your name and all information as it appears on **official** documents such as an identification card, birth certificate, or passport.*

Surname (Family Name):_____

First Names (Given Names):_____

Gender: F ☐ M ☐ Nationality:_____ Birth: Date:_____/_____/_____
Day Month Year

Country (where you live):_____

Do you have a passport? Yes ☐ No ☐ *Passport #:_____

**If you have a passport, please attach a copy of it to this application.*

Passport Issued by (Country):_____

Your Email Address:_____

Mobile Phone (Including Country Code): _____

Permanent Physical Address:_____

Address During School:_____

B: CATEGORY OF SCHOLARSHIP

Please tick from the list below the category of scholarship you are applying for.

- ☐ Young Women
- ☐ Young Men
- ☐ Refugee youth
- ☐ Internally displaced youth
- ☐ Youth with disability

For refugees kindly provide the following information:

1. Refugee status: _____
2. UNHCR Number: _____
3. Do you live in a camp or as an integrated refugee: _____
4. If camp, please name the camp:_____
5. If integrated, please give details of residence and contact details of persons responsible for your integration. _____

For Internally Displaced Youth, Kindly provide the following:

1. Letter from relevant government authority stating reason and nature of displacement.

For persons with disability, kindly provide the following information:

1. Nature of disability:_____
2. Are you registered with any disability organizations? Yes ☐ No ☐ If yes which one? _____
   _____
3. Please indicate any special accommodation needs that you may require _____
   _____

C. ACADEMIC INFORMATION

Name of School	Dates Attended	Type of School Public, Private	Sponsor (if any)	Qualification or Grade Obtained

Secondary School:_____

Physical Address:_____

Date of Graduation:_____

School Type (mark **all** that apply): Government/Public ☐ Independent/Private ☐ Religious ☐

Boarding* ☐

List all other secondary schools, summer schools, or academic programs you have attended:

_____

_____

_____

_____

_____

Who paid for previous education?

☐ Guardian (s)

☐ Guardian (s) not related to applicant

- ☐ Other relatives
- ☐ Parent
- ☐ Scholarship (attach recommendation letter from sponsor)
- ☐ Self
- ☐ Employer
- ☐ Sibling (s)
- ☐ Sponsor (s)
- ☐ Other

If other; state who paid fees:_____

Applicant Name:_____ **Phone/Email:**_____

D. FAMILY INFORMATION (Contact person in case of emergency)

Section 1: Parents or Guardians

Parent/Guardian #1

Surname:_____

First Names (Given Names):_____

Relation to you:_____ Occupation:_____

Highest Level of Education Attained:_____

Mobile Phone:_____Email:_____

Country of Residence:_____ Physical Address:_____

Parent/Guardian #2

Surname: _____

First Names (Given Names):_____

Relation to you:_____ Occupation:_____

Highest Level of Education Attained:_____

Mobile Phone:_____Email:_____

Country of Residence:_____Physical Address:_____

Primary language spoken at home:_____

Other Languages:_____

Section 2: **Siblings:** Please list the Names, Level of Education, genders and ages of any brothers/ sisters you have, even if they don't live in your household. If you need more lines please attach a separate page at the end.

Full Name	Gender (M/F)	Age	Highest level of education/ degree attained	Occupation

Applicant Name: _____ **Signature**_____

E. SHORT ANSWER QUESTIONS

LEADERSHIP EXPERIENCE (*300 words maximum*)

1. **Describe a previously held leadership position, activities, or experiences: (i.e. positions where you guided or led a group of people, a project, or a cause in which you were involved)**

_____

_____

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_____

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_____

2. State any Awards and Honors received: (i.e., secondary school award; President's medal for outstanding leadership, etc.

3.What are you passionate about, what do you love to do and why? (*300 words maximum*)

Applicant Name:_____ **Phone/Email:**_____

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F. COMMUNITY ENGAGEMENT

4.The Mastercard Foundation Scholars Program vision is that Scholars will use their education to create change and improve the lives of others. **(*500 words maximum*)**

- Have you ever engaged in any voluntary activity (Yes or NO)
- If the answer is yes, describe your voluntary activities and experiences.
- Describe your aspirations for social change and how you plan to achieve social change through your career.

Applicant Name:_____ **Phone/Email:**_____

G. ACTIVITIES

Please list up to three of the most important activities in each category (in order of importance to you) that you have participated in during the past three years, either through your secondary school or independently/in your community. Complete only the sections relevant to you.

School and Community Service:

Activity	Role	Number of years
Example: Student Government		
1.		
2.		
3.		

Employment/Entrepreneurial Enterprises:

Activity	Role	Number of years
1.		
2.		
3.		

Competitions/Conferences/Special Programs:

Activity	Role	Number of years
1.		
2.		
3.		

Artistic/Musical:

Activity	Role	Number of years
1.		
2.		
3.		

Athletics:

Activity	Role	Number of years
1.		
2.		
3.		

H. CERTIFICATES, AWARDS, RECOGNITIONS

Title of Award	Year Received	Description

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I. CERTIFICATION PAGE

I,_____hereby certify that all information contained in this application is truthfully and accurately presented and as my work alone and give my permission to USIU-Africa to obtain any verification deemed necessary to process my application. Finally, I acknowledge that completing this application form does not guarantee scholarship

Signature:_____Date:_____

CONTACT DETAILS

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