



# PHARMACEUTICAL SOCIETY OF UGANDA

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## PSU-ABACUS PHARMACY SCHOLARSHIP 2021/2022

The Council of The Pharmaceutical Society of Uganda (PSU) is mandated to ensure the highest practicable standards in the practice of Pharmacy in Uganda. In an effort to attain this mandate, the council in partnership with Abacus Pharma (A) Limited established a pharmacy scholarship scheme for needy students interested in pursuing a career in Pharmacy in public universities in Uganda.

The scholarship is open to students in their first year of study at respective universities.

The council hereby invites applicants for the 2021/2022 PSU- Abacus Pharmacy Scholarship for needy Pharmacy students.

### **Eligible scholarship beneficiaries:**

- 1) Applicants must be Ugandan nationals
- 2) Applicants must be Pharmacy students who will have secured admission at either Makerere university or Mbarara University of Science and technology.
- 3) Applicants must not be holding other scholarships
- 4) Applicants must be needy/the students must be orphans those that have lost both parents
- 5) Applicants should be first year students only

Pick a copy of the application form from the PSU Secretariat on Plot 1847 Kyambogo, East african road.

**N.B: The deadline for submission is 7th May 2021**

# THE PHARMACEUTICAL SOCIETY OF UGANDA

## THE NEEDY PHARMACY STUDENTS' SCHOLASHIP SCHEME

### APPLICATION FORM

Please carefully read the Guidelines to  
The applicants before filling the form

Attach recent passport  
size photograph

Right Hand  
Thumb Print

### SECTION ONE: TO BE COMPLETED BY THE APPLICANT

#### 1. PERSONAL PARTICULARS

- a) Surname \_\_\_\_\_ Other  
names \_\_\_\_\_
- b) Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Place of  
Birth \_\_\_\_\_
- c) District of Origin \_\_\_\_\_ County \_\_\_\_\_ Sub  
County \_\_\_\_\_ Vilage \_\_\_\_\_
- i) Name of the nearest main road/highway to your  
home \_\_\_\_\_
- ii) How far is your home from the main road / highway you have named above? \_\_\_\_\_
- iii) Describe in detail how one gets to your home/Village from the nearest main road highway  
(attach sketch map)

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iv) Contact  
address \_\_\_\_\_

.....Telephone \_\_\_\_\_ Email \_\_\_\_\_

Permanent address (if different from (iii) above) \_\_\_\_\_

.....Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

d) I wish to be considered for the Needy Pharmacy Students Scholarship Scheme to enable me pursue a Bachelor of Pharmacy Degree.

## 2. SCHOOLS ATTENDED

a) A level school last attended \_\_\_\_\_ From \_\_\_\_\_  
(Year) \_\_\_\_\_ To \_\_\_\_\_  
Address of the school \_\_\_\_\_ 'A' level Index  
No \_\_\_\_\_  
Location of the School: Sub-county \_\_\_\_\_ District \_\_\_\_\_

A' level Subjects and Grades attained (Attach copy of the A' Level results slip/certificate)

SUBJECT						
GRADE						

b) O' level schools attended (Attach copy of the O' Level results slip/certificate)

SCHOOL	FROM	TO

c) Primary schools attended

SCHOOL (Include address i.e. Sud-county / District)	FROM	TO


d) What qualifications do you hold?

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e) Explain in detail, what has been your pre-occupation since you completed your a'level studies

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f) Career

Goals

\_\_\_\_\_

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\_\_\_\_\_

### 3. FAMILY BACKGROUND

a) Details of parents

i) Father

Surname \_\_\_\_\_ Other

names(s) \_\_\_\_\_

Physical

address \_\_\_\_\_

Village (LCI) \_\_\_\_\_ Parish

(LCII) \_\_\_\_\_

Sub-County

(LCIII) \_\_\_\_\_ District \_\_\_\_\_

What does/did he do to earn a living?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Physical location /address of work  
place \_\_\_\_\_

Telephone No. \_\_\_\_\_

ii) Mother

Surname \_\_\_\_\_ Other name  
(s) \_\_\_\_\_

Physical  
address \_\_\_\_\_

Village (LCI) \_\_\_\_\_ Parish  
(LCII) \_\_\_\_\_

Sub-County  
(LCIII) \_\_\_\_\_ District \_\_\_\_\_

What does /did she do to earn a  
living \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physical location/address of work

place \_\_\_\_\_

Telephone No. \_\_\_\_\_

c) Status of Candidate's parents, brothers, sisters and other dependants aged between 6-25 years

i) Are you an orphan? Yes  No  (tick the appropriate box)

If yes, specify by ticking below the appropriate box

Both parents are deceased	Only Mother is alive	Only Father is alive	Both parents are alive

ii) If you are an orphan what are your sources of support

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

.....  
 .....  
 iii) Number of Biological brothers, Biological sisters and dependants in the family: (Note: Biological means having same mother and father or at least sharing either mother or father): Biological brothers \_\_\_\_\_  
 Biological sisters \_\_\_\_\_ Other \_\_\_\_\_  
 Childred \_\_\_\_\_ Total \_\_\_\_\_

iv) How many of the above brothers, sisters & dependants are studying? \_\_\_\_\_ Give their details below (attach extra paper if more than 6)

	Name	Date of birth	School or Institution, and telephone number	Class/year	Sub County and District where the school is located	Relationship to the applicant	Name of person responsible for payment of fees.
1							
2							
3							
4							
5							

6							
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v) Do you have any sister or brother who is supported by any Scholarship Scheme? Yes / No. If yes, give detail of his / her name, Scheme and Institution

Name	Scheme	Institution /Year (e.g. 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> )

vi) Do you have any brothers or sisters who are employed? Yes/No (Tick the right answer)

Indicate their names, their qualifications, the jobs they do and their places of work in the table below.

Make sure you provide the right information.

	Name	Educational qualification or	Position in the work place	Place of work and its physical address
1				
2				
3				
4				
5				

vii) Do you have any brothers or sisters who are neither in school nor employed? Yes / No (Tick the right answer) If yes, state their names, level of education, marital status, what they do to earn a living and their physical location / address in the table below.

	Name	Marital Status	Level of Education	What he/she does to earn a living	Physical address







\_\_\_\_\_ Telephone No.

f) Amount of fees that were paid per term:

O' level \_\_\_\_\_ Shs. Per term. A' level \_\_\_\_\_ Shs. Per term

g) Is the financial position of the person who paid your fees still the same?

Yes \_\_\_\_\_ No \_\_\_\_\_

(Tick the appropriate answer)

Give details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CAUTION**

IT SHOULD BE NOTED THAT CASES OF IMPERSONATION, FALSIFICATION OF DOCUMENTS, GIVING FALSE / INCOMPLETE INFORMATION WHENEVER DISCOVERED WILL LEAD TO AUTOMATIC CANCELLATION IN THE UGANDA COURTS OF LAW

**6. DECLARATION**

I certify that I have read and understood the requirements and conditions for the Scholarship Scheme and to the best of my knowledge the information given above is correct.

Name of \_\_\_\_\_

Application \_\_\_\_\_

Signature of Application \_\_\_\_\_ Date- \_\_\_\_\_

Witnessed by Parents or Guardian:

Name of \_\_\_\_\_

Witness \_\_\_\_\_

Signature of

Applicant \_\_\_\_\_ Date \_\_\_\_\_

**SECTION TWO: TO BE COMPLETED BY THE A' LEVEL SCHOOL HEADTEACHER**

1. Background Information

a) Name of

School \_\_\_\_\_

b) Name of Candidate \_\_\_\_\_ A' level Index

No. \_\_\_\_\_

c) How long was this student in your school? \_\_\_\_\_ A' level

year \_\_\_\_\_

d) Who paid the student's fees if not

parent? \_\_\_\_\_

e) How much was the fees per

term \_\_\_\_\_

f) Specify any problem encountered in paying

fees \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Academic Ability

Please comment on the candidate's academic ability

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Discipline

Please comment on the candidate's discipline

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

4. State the positions of responsibility held by the candidate

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Indicate any extra curricular activities the candidate participated in?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. In your considered opinion and honesty, does this candidate deserve the Scholarship?

Yes.....No.....(Tick)

Give strong reason(s) below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Name of Head teacher \_\_\_\_\_

Signature \_\_\_\_\_ School Stamp and

Date \_\_\_\_\_

SECTION THREE (A): TO BE COMPLETED BY LOCAL COUNCIL 1 CHAIRPERSON FROM THE DISTRICT OF ORIGIN

VERIFICATION OF THE APPLICATION

1. LCI Chairperson

a) Surname of applicant \_\_\_\_\_ Other \_\_\_\_\_  
name(s) \_\_\_\_\_

b) Village \_\_\_\_\_ Parish \_\_\_\_\_ Subcounty \_\_\_\_\_ District \_\_\_\_\_

c) Is this applicant from your  
village? \_\_\_\_\_

If yes, how long have you known her/his  
family? \_\_\_\_\_

d) Is this District the family's district of Birth? Yes \_\_\_\_\_ No \_\_\_\_\_ (Tick the appropriate answer)

e) Is this family currently residing in this district? Yes \_\_\_\_\_ No \_\_\_\_\_ (Tick the appropriate answer) If No,  
in which District does the family reside? \_\_\_\_\_

f) How many children are in the  
family? \_\_\_\_\_

g) What does the father do for a living? E.g. Keeping animals, cultivation, teacher  
etc \_\_\_\_\_

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h) Approx how much tax does he pay per  
year? \_\_\_\_\_

i) What does the mother do for a  
living? \_\_\_\_\_

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j) If she/he is an orphan what does the guardian do for a living? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

k) Any other important information? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Name of Chairperson LCI \_\_\_\_\_

Signature \_\_\_\_\_ Stamp and  
date \_\_\_\_\_

**SECTION THREE (B): TO BE COMPLETED BY LOCAL COUNCIL 1 OFFICIAL FROM THE DISTRICT OF RESIDENCE**

*(if the Applicant resides in another District other than the District of origin)*

1. LCI Chairperson

a) Surname \_\_\_\_\_ Other  
names(s) \_\_\_\_\_

b) Village \_\_\_\_\_ Parish \_\_\_\_\_ Sub-  
county \_\_\_\_\_ District \_\_\_\_\_

c) Does the applicant reside in this  
village? \_\_\_\_\_

d) For how long have you known the  
applicant? \_\_\_\_\_

e) What is the family's district of  
origin? \_\_\_\_\_

f). How many children are in the  
family? \_\_\_\_\_

g) What does the father do for a living? E.g keeping animals. Cultivation, teacher  
etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

h) Apprx. How much tax does he pay per  
year? \_\_\_\_\_

i) What does the mother do for a  
living? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

j) Is she/he is an orphan what does the guardian do for a  
living? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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\_\_\_\_\_

k) Any other important information? \_\_\_\_\_

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Name of Chairperson LCI \_\_\_\_\_

Signature \_\_\_\_\_ Stamp and date \_\_\_\_\_

**b) LCI Secretary for Women**

a) Surname \_\_\_\_\_ Other names(s) \_\_\_\_\_

b) Village \_\_\_\_\_ Parish \_\_\_\_\_ Sub-county \_\_\_\_\_ District \_\_\_\_\_

c) Is this Child from your Village? Yes \_\_\_\_\_ No \_\_\_\_\_ (Tick the appropriate answer)

d) How long have you known the family? \_\_\_\_\_

e) How many children are in her family? \_\_\_\_\_ How many are independent or working \_\_\_\_\_

f) What does/did the father do for a living \_\_\_\_\_

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g) What does/did the mother do for a living?

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h) Why do you think this family deserves support? \_\_\_\_\_

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Name of the Secretary for Women \_\_\_\_\_

Signature \_\_\_\_\_ Stamp and Date \_\_\_\_\_