

SCHOLARSHIP PROGRAMME 2023/2024

Eligibility Procedure:

- 1) Applicants must be Ugandan nationals
- 2) Applicants must be Pharmacy students who will have secured admission at Makerere University, Mbarara University of Science and Technology or Kampala International University.
- 3) Applicants must not be holding other scholarships
- 4) Applicants must be needy/underprivileged students
- 5) Applicants should be first year students only

Application forms can be picked at:

The Pharmaceutical Society of Uganda Secretariat, Plot

1847 Kyambogo, P.O. Box 3774 Kampala, Uganda.

Tel: +256414674574, Email: psupc@psu.or.ug, Website: www.psu.or.ug (Resources & Downloads - Application Form for Scholarship) or

<https://abacuspharma.com/careers/>

Deadline for submission is **20th February 2024**.

THE PHARMACEUTICAL SOCIETY OF UGANDA

THE NEEDY PHARMACY STUDENTS' SCHOLARSHIP 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 INFORMATION

a) Surname _____ Other names _____

b) Date of Birth _____ Age _____ Place of Birth _____

c) District of origin _____ County _____

Sub-County _____ Village _____

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) _____

iv) Contact address _____

Telephone _____ Email _____

Permanent address (if different from (iii) above) _____

Telephone _____ Email _____

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 a 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 (Include address I.e Sub-county/District)	FROM	TO

c) Primary Schools attended

SCHOOL (Include address I.e Sub-county/District)	FROM	TO

d) What qualifications do you hold? _____

e) Explain in detail, what has been your pre-occupation since you completed your A-level studies. _____

f) Career Goals _____

3. FAMILY BACKGROUND

a) Details of Parents

i) Father: Surname _____ Other names _____
 Physical address _____ Telephone _____
 Village (LC1) _____ Parish (LCIII) _____
 What does/did he do to earn a living? _____
 Physical location/address of work place _____

ii) Mother: Surname _____ Other name(s) _____
 Physical address _____ Telephone No. _____
 Village (LC1) _____ Parish (LCIII) _____
 Sub-County _____ District _____
 What does/did she do to earn a living _____
 Physical location/address of work place _____

b) Status of Candidate's parents, brothers, sisters and other dependants aged between 6-25. _____

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

If yes, specify by ticking in the appropriate box below.

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. _____

iii) Number of biological brothers, 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 Children _____

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 & District where the School is located	Relationship with the applicant	Name of Person responsible for paying fees
1							
2							
3							
4							
5							
6							

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.

S/N	Name	Scheme	Institution/Year (e.g. 1 st , 2 nd , 3 rd)
1			
2			
3			
4			

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.

S/N	Name	Educational qualification	Position in the work place	Place of work & physical address
1				
2				
3				
4				

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.

S/N	Name	Marital Status	Level of Education	What S/he does to earn a living	Physical address
1					
2					
3					
4					

4. DESCRIBE IN DETAIL, THE PLAN YOU HAVE TO FUND YOUR DEGREE STUDY IN PHARMACY. (You may add an additional paper for this purpose)

5. PARTICULARS OF THE PERSON WHO HAS BEEN RESPONSIBLE FOR PAYING YOUR SCHOOL FEES.

a) Surname_____ Other name(s)_____

b) Relationship with the applicant_____

c) Physical address_____

d) Permanent home District_____ Village (LC1)_____

Parish (LCII)_____ Sub-County_____ County_____

e) What does she do to earn a living?_____

Physical location/address_____ Telephone_____

f) Amount of fees that was paid per term: O-Level_____ A-Level_____

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

(Tick appropriately)

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.

6. DECLARATION

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

Name of Applicant_____

Signature of Applicant _____ Date _____

Witnessed by Parents or Guardian:

Name of witness _____ Signature & Date _____

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

1. Background information.

a) Name of the School _____

b) Candidate's Name _____ 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 the 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 academic ability _____

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 & Date _____

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

VERIFICATION OF THE APPLICANT

1. LC1 Chairperson.

- a) Surname of the applicant _____ Other name(s) _____
- b) Village _____ Parish _____ Sub-county _____
District _____
- c) Is the applicant from your village? _____
If yes, how long have you known his/her family? _____
- d) Is the District the family's District of Birth? Yes _____ No _____ (Tick appropriately)
- e) Is the family currently residing in this District? Yes _____ No _____ (Tick appropriately)
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? _____
- h) Approximately how much tax does he pay per year? _____
- i) What does the mother do for a living? _____
- j) If s/he is an orphan what does the guardian do for a living? _____

- k) Please provide any other relevant information _____

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Name of Chairperson LCI _____

Signature _____ Stamp & Date _____

b) LCI Secretary for women.

- a) Surname _____ Other name(s) _____
- b) Village _____ Parish _____ Sub-county _____
District _____
- c) Is this child from your village? Yes _____ No _____ (Tick appropriately)
- d) How long have you known the family? _____
- e) How many children are in her family? _____ How many dependent or working _____
- f) What does/did the father do for a living _____

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

h) Why do you think this family deserves support? _____

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Name of the Secretary for women _____

Signature _____ Stamp & Date _____