

RWENZORI

P.O. Box 348,
KASESE-UGANDA



COLLEGE

VOCATIONAL

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SCHOLARSHIP PROGRAMME 2025/2026
APPLICATION FORM

The Scholarship Program Manager
Rwenzori vocation College -RVC
P. O Box 348, Kasese
Tel: +256(0) 751206497

Attach 3
Passport size
Photos

- 1.Fill names..... SEX.....
- 2. Contact Address.....
- 3. Date of birth Age.....Place of birth
- 4. Nationality.....Home district.....
- 5. Kindly name any disability if you have any.....

6. EDUCATION BACKGROUND:

Schools attended	Qualification

- 7. Course you intend to undertake.....
- 8. What do you intend to do after completing the course.....

9. Family background

- (i) Marital status: tick the appropriate, single/married/widowed/divorced.
- (ii) No_ of children.....
- 10. Who will take care of your family during your course.....
- 11. Person to contact in case of emergency
Names.....relationship.....
Address.....Tel.....

12. Parents

- (i) Father's/guardian's name.....
- Address.....Tel.....
- Occupation.....

(ii) Mother's name.....

Address.....Tel.....

Occupation.....

Number of sub ling (brothers and sisters)

Number of brothers and sisters working.....

Number of brothers and sisters at school.....

13. What is your family's major source of income?

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14. What would you do if your application for a scholarship is not considered?

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15. Give two referees one of whom should know your academic background and your family background.

(i) Name.....address.....

Place of work.....Tel.....

(ii) Name.....address.....

Place of work.....Tel.....

16. Personal statement in support of your application

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16. Declaration

I.....here by, declare that to the best of my knowledge, the information, I have given above is true acknowledgement that any false statement will disqualify me from further competition for a scholarship. If already offered the scholarship it will result in an immediate withdraw of the grant of scholarship by RVC B.O.D and may also result in one having to repay to the programme the sums paid through it.

Applicant's signature..... date.....

For official use only

Applicant considered for scholarship /bursary.....

Or application rejected.....

Reason(s) for the above.....

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Officer's name processing the application.....

Signature.....Date.....