



## 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](mailto:mcfsp-applications@usiu.ac.ke) by **Friday, October 1, 2021**. Our selection committee will review all applications carefully and nominate finalists by the deadline. All finalists will be interviewed either in person or by phone in **November 4-December 10, 2021**. Communications with the selected Scholars will be done from **December 14-17, 2021**.

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 career advisor who has known you for at least two years; The letter must be current, official, stamped and signed.
4. One recent 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).
7. A copy of disability registration document/card (where applicable)

**Please note that we will NOT evaluate INCOMPLETE applications.**

Complete applications should be delivered/emailed only ONCE. Duplicate applications or several emails from the same person will lead to disqualification of the applicant. Applications sent to another email address other than the one provided will not be evaluated.

### **DEADLINE:**

All applications must be received by **Friday, October 1, 2021**. We strongly encourage early submissions.

State the degree program you are applying for \_\_\_\_\_

Your program of choice must be among the 11 sponsored programs (Refer to the Call for Applications).



## 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.

Name; Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other names: \_\_\_\_\_

Gender: F  M  Nationality: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

Marital status; Single: \_\_\_\_\_ Married: \_\_\_\_\_ No of children(if any): \_\_\_\_\_

Age at the time of application: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

County/Region : \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Country of residence at the time of application: \_\_\_\_\_

Place of residence at the time of application: Urban  Rural  Peri-urban

Do you have a passport? Yes  No  \*Passport No: \_\_\_\_\_

\*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: \_\_\_\_\_

Primary language spoken: \_\_\_\_\_

Other Languages: \_\_\_\_\_

## 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

How did you learn about the scholarship? \_\_\_\_\_

### 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 attach your disability registration form/card
4. Please indicate any special accommodation needs that you may require \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### C. ACADEMIC INFORMATION

Name of High/Secondary School: \_\_\_\_\_  
\_\_\_\_\_

Physical Address: (Location) \_\_\_\_\_  
\_\_\_\_\_

Date of Graduation: \_\_\_\_\_

High/Secondary school exam system (e.g WAEC, GCE, KCSE, etc) \_\_\_\_\_

Grade (s) Obtained \_\_\_\_\_

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

**List all other Institutions (Tertiary – Universities or colleges) and any other academic programs you have attended.**

Level	Dates Attended	Name of institution	Sponsor (if any)	Qualification Obtained
University				
College				
Others				



### Who paid for your High/Secondary school education?

- Guardian (s) (Related to the applicant)
- Guardian (s) (not related to applicant)
- Parent
- Scholarship (attach recommendation letter from sponsor/ proof)
- 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: \_\_\_\_\_ FirstName: \_\_\_\_\_

Names (Given Names): \_\_\_\_\_

Relation to you: \_\_\_\_\_

Highest Level of Education Attained: \_\_\_\_\_

Occupation: \_\_\_\_\_

Estimated income per month: \_\_\_\_\_

Mobile Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

Country of Residence: \_\_\_\_\_

Physical Address: \_\_\_\_\_

#### Parent/Guardian #2

Surname: \_\_\_\_\_ FirstName: \_\_\_\_\_

Names (Given Names): \_\_\_\_\_

Relation to you: \_\_\_\_\_

Highest Level of Education Attained: \_\_\_\_\_

Occupation: \_\_\_\_\_

Estimated income per month: \_\_\_\_\_

Mobile Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

Country of Residence: \_\_\_\_\_

Physical Address: \_\_\_\_\_



**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 Names	Gender (M/F)	Age	Highest level of education/ degree attained	Occupation/ Employment	Monthly income

Applicant Name: \_\_\_\_\_ Signature \_\_\_\_\_

## E. SHORT ANSWER QUESTIONS

**LEADERSHIP EXPERIENCE** (300 words – anything more or less will not be evaluated)

- 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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**2. State any Awards and Honors received: (i.e., academic awards; Outstanding Leadership awards, Community service award etc. (Attach evidence)**

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**3. What are you passionate about and how will your program of study contribute to your passion? (300 words maximum )**

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**Applicant Name:** \_\_\_\_\_ **Phone/Email:** \_\_\_\_\_



F. COMMUNITY ENGAGEMENT

The Mastercard Foundation Scholars Program vision is that Scholars will use their education to create change and improve the lives of others.

Describe the voluntary/community activities and experiences you have engaged in the past (250 words maximum)

Lined area for describing past voluntary/community activities and experiences.

Describe your aspirations for social change and how you plan to achieve social change through your program of study (250 words maximum)

Lined area for describing aspirations for social change and how to achieve it through the program of study.

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. (Attach evidence)

School and Community Service:

Table with 3 columns: Activity, Role, Number of years. Includes example: Student Government and numbered rows 1-3.

Employment/Entrepreneurial Enterprises:

Table with 3 columns: Activity, Role, Number of years. Includes example: Poultry farming and numbered rows 1-3.

Competitions/Conferences/Special Programs:

Table with 3 columns: Activity, Role, Number of years. Includes example: Science Congress and numbered rows 1-3.

Artistic/Musical:

Table with 3 columns: Activity, Role, Number of years. Includes example: Music festival and numbered rows 1-3.

Athletics:

Table with 3 columns: Activity, Role, Number of years. Includes example: Swimming and numbered rows 1-3.





## H. 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: \_\_\_\_\_

### Application submission guidelines

1. Go through your application and review to make sure you have all the required documents and your form is completely filled before submission. Incomplete forms will not be evaluated.
2. Submit only 1 application. Multiple submissions will lead to automatic disqualification.
3. When submitting your application, all documents must be scanned in PDF format and named accordingly then sent as an attachment (s) on email.
4. Do not convert your application form to word document when you download. Print the form, fill it and then scan into pdf format. PDF editor is acceptable.
5. The subject of the application email should be your name.
6. Use the provided email address to send your application; [mcfsp-applications@usiu.ac.ke](mailto:mcfsp-applications@usiu.ac.ke). Any application sent to a different email address will not be evaluated.

## CONTACT DETAILS

Mastercard Foundation Scholars Program  
United States International University-Africa  
P.O. Box 14634 00800  
Nairobi  
Tel: +254 730 116 218  
E-mail: [mcfsp-enquiries@usiu.ac.ke](mailto:mcfsp-enquiries@usiu.ac.ke)