



THE MASTERCARD FOUNDATION SCHOLARS PROGRAM AT UNITED STATES INTERNATIONAL UNIVERSITY-AFRICA (USIU-AFRICA) Open to only young women

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, March 26, 2021**. 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 **May 10 -15, 2021**. Communications with the selected Scholars will be done from **May 20-22, 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;
- 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).

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.

DEADLINE:

All applications must be received by **Friday, March 26, 2021**. We strongly encourage earlier submissions.

			you are app		





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:/
Age (at the time of application): Country of	
Country of citizenship: Count	ry of residence:
Place of residence (at the time of application): Urban _	RuralPeri-urban
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:	
Primary language spoken:	
Other languages:	
ether languages.	
B: CATEGORY OF SO	CHOLARSHIP
Please tick from the list below the category of scholarsh	nip 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	n:
1. Refugee status:	
2. UNHCR Number:	
3. Do you live in a camp or as an integrated refuge	
4. If camp, please name the camp:	
If integrated, please give details of residence an your integration.	d contact details of persons responsible for





For Internally Displaced Youth, Kindly provide the following:

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

	2. Are you registered with any disability organizations? Yes No If yes which one? Please indicate any special accommodation needs that you may require						
3.							
		0.40					
		C. AC	ADEMIC INFO	ORMATION			
lame	of High/ S	econdary School:					
hysic	al Address	s:(Location)					
ate o	of Graduati	on:					
ligh/S	Secondary	school exam system (e.g WAEC, IGCSI	E, KCSE, etc) Grade (s)	Obtained		
choo	l Type (ma	rk all that apply): Gove	ernment/Public [] Independent/Private [
	ol Type (ma ous Boardi		ernment/Public [] Independent/Private [
Religio	ous Boardi	ng 🗌		·			
Religio	ous Boardi	ng stitutions (Tertiary – U		Independent/Private [
Religio	ous Boardi	ng stitutions (Tertiary – U		·			
Religio	ous Boardi	ng stitutions (Tertiary – U		·			
Religion	ous Boardi I other Ins	ng stitutions (Tertiary – U ded.	niversities or co	lleges) and any other	academic prograi		
ist al ou ha Leve	ous Boardi I other Ins	ng stitutions (Tertiary – U ded.	niversities or co	lleges) and any other	academic progra		
ist al	ous Boardi I other Instance I ersity ge	ng stitutions (Tertiary – U ded.	niversities or co	lleges) and any other	academic progra		





 ☐ Parent ☐ Scholarship (attach recommendation ☐ Self ☐ Sibling (s) ☐ Sponsor (s) 	letter from sponsor)
Other	
If other; state who paid fees:	
Applicant Name:	Phone/Email:
D. FAMILY INFORMAT Section 1: Parents or Guardians	ION (Contact person in case of emergency)
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.

Gender Age Highest level of

	Gender (M/F)	Age	Highest level of education/ degree attained	Occupation	
	I		<u> </u>		
Applicant Name:			Signature		
	E. SHORT A				
LEADERSHIP EXPERIENCI 1. Describe a previously ho	E (300 words m	n <i>axim</i> posit	um) ion, activities, or exp		
LEADERSHIP EXPERIENCI 1. Describe a previously ho	E (300 words m	n <i>axim</i> posit	um) ion, activities, or exp	eriences: (i.e. positions	
LEADERSHIP EXPERIENCI 1. Describe a previously ho	E (300 words m	n <i>axim</i> posit	um) ion, activities, or exp	eriences: (i.e. positions	
LEADERSHIP EXPERIENCI 1. Describe a previously ho	E (300 words m	n <i>axim</i> posit	um) ion, activities, or exp	eriences: (i.e. positions	
LEADERSHIP EXPERIENCE 1. Describe a previously he	E (300 words m	n <i>axim</i> posit	um) ion, activities, or exp	eriences: (i.e. positions	
LEADERSHIP EXPERIENCI 1. Describe a previously ho	E (300 words m	n <i>axim</i> posit	um) ion, activities, or exp	eriences: (i.e. positions	
LEADERSHIP EXPERIENCE 1. Describe a previously he	E (300 words m	n <i>axim</i> posit	um) ion, activities, or exp	eriences: (i.e. positions	





2. State a	any Awards and Honor nunity service award e	rs received: (i.e., a etc.	cademic award; Ou	tstanding leadership awa	rd
3. What a	are you passionate ab	oout, what do you	love to do and why	? (300 words maximum)	
					_
Applicant	: Name:		Phone/Email:		



Applicant Name:



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. (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.

Phone/Email:_

7





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.

•		
Activity	Role	Number of years
Example: Student Government		

1.	
2.	
3.	

Employment/Entrepreneurial Enterprises:

School and Community Service:

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. CERTIFICATION PAGE

I,contained in this application is truthfully and accurate my permission to USIU-Africa to obtain any verification. Finally, I acknowledge that completing scholarship.	ication deemed necessary to process my
Signature:	Date:

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@usiu.ac.ke