

**FORM A**

**The Scholarship Fund  
Uganda Catholic Medical Bureau  
P.O. Box 2886  
KAMPALA**

Date, \_\_\_\_\_

Name of the Organisation applying \_\_\_\_\_

Address \_\_\_\_\_

Name of person applying for the Organisation \_\_\_\_\_

Position held in the Organisation \_\_\_\_\_

Relationship with the Trainee \_\_\_\_\_

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**Section A - to be filled by the  
Trainee**

Name \_\_\_\_\_

Age / Sex \_\_\_\_\_ / \_\_\_\_\_

Marital Status \_\_\_\_\_

Children (Number) \_\_\_\_\_

Present occupation \_\_\_\_\_

Place of work / position held. \_\_\_\_\_ / \_\_\_\_\_

Qualifications held \_\_\_\_\_

Type of training to be pursued \_\_\_\_\_

\_\_\_\_\_

Institution of Training \_\_\_\_\_

Address \_\_\_\_\_

**FORM A**

**Section B - to be filled by the person applying on behalf of the Organisation**

**BUDGET FOR THE ENTIRE DURATION OF TRAINING** (A minus B should give the total in C)

**FORESEEN EXPENDITURE – Specify Currency**

Item of expenditure	Amounts
Tuition fee	
Other training costs (stationery, books, research, uniforms, equipment, etc.)	
Transport	
Insurance (if applicable)	
Pocket money and/or salary of the trainee	
Other (specify)	
Other (specify)	
<b>A) TOTAL COST OF TRAINING</b>	

**FUNDS ALREADY AVAILABLE TO THE INSTITUTION – Specify Currency**

Source of contribution	Amounts
Expected contribution of Institution	
Other contributions (specify)	
<b>B) TOTAL AVAILABLE FUNDS</b>	

**FUNDS REQUESTED TO UCMB SCHOLARSHIP FUND – Specify Currency**

Timing of disbursements	Amounts
By (date)	
By (date)	
By (date)	
By (date)	
<b>C) TOTAL EXPECTED FROM UCMB</b>	

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**JUSTIFICATION OF TRAINING**

To be compiled by the Organisation applying: please give here the reasons why you wish the Trainee to acquire new knowledge and skills and explain how your Organisation wishes to benefit from the Training. Give also a view of the plans your Organisation has vis-à-vis the utilisation of the new skills acquired by the trainee on completion of his/her training. Remember that this part is very important in order to convince the Fund Management that the training is necessary for the Trainee as well as for your organisation. **If the trainee is a civil servant (posted/seconded by Government or Districts) explain also how your organisation thinks it will be able to secure that the bonding agreement is honoured.** If the acceptance by the training institution is not yet certain, indicate the time when you will know if the candidate is accepted. **If the trainee is a member of a Religious Congregation state that you have consulted with the Major Superiors of the trainee and that they consent to the training.**

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Signature of the Applicant for the Organisation \_\_\_\_\_

Position held in the Institution \_\_\_\_\_

Tel. Contact: \_\_\_\_\_

Official Stamp of the Organisation

**CHECK LIST FOR THE ORGANISATION APPLYING**

1. Check the balances and currencies in the Budget section
2. Make sure that the expected disbursement dates are indicated
3. Make sure that this application is complemented by the following documents:
  - Letter of the Trainee requesting your Organisation to support his/her training
  - Relevant training certifications/documents of the Trainee
  - Relevant documents of the Training Institution stating fees and other administrative requirements and acceptance of the Trainee.

If the Scholarship is awarded, your Organisation will be required to produce a bonding agreement between the Trainee and your Organisation, and sign a Memorandum of Understanding between your Organisation and the Bureau. Formats for the Bonding Agreement can be obtained at the Bureau. The Memorandum will be sent to you with the letter of award.