



# ST. AUGUSTINE INTERNATIONAL UNIVERSITY

Moral Rearment, Wealth Multiplication

## King Ceasar Development Kingdom Scholarship Scheme

**Application Form:** Please complete all sections of the application.

### SECTION 1 – PERSONAL INFORMATION

|                              |  |                          |
|------------------------------|--|--------------------------|
| Name: MAHORO WINFRED         | Sex: FEMALE                                      | Date of Birth: 25/9/1999 |
| Nationality: UGANDAN         | Permanent Address: NYAKABANDE<br>KISORO DISTRICT |                          |
| District: KISORO             |  |                          |
| Phone Number (s): 0778505755 |  |                          |
| Email address:               |  |                          |

### SECTION 2 – PARENT/GUARDIANS INFORMATION

|                              |                           |                |
|------------------------------|---------------------------|----------------|
| Name: MUGABE JOHN            | Sex: MALE                 | Date of Birth: |
| Nationality: UGANDAN         | Permanent Address: KISORO |                |
| District: KISORO             |                           |                |
| Phone Number (s): 0778938604 |                           |                |
| Email address:               |                           |                |

|                       |                           |                |
|-----------------------|---------------------------|----------------|
| Name: UWIMANA PROMISE | Sex: FEMALE               | Date of Birth: |
| Nationality: UGANDAN  | Permanent Address: KISORO |                |
| District: KISORO      |                           |                |
| Phone Number (s):     |                           |                |
| Email address:        |                           |                |

### SECTION 2 – ACADEMIC INFORMATION

- Academic Programme Applied for: MEDICINE AND SURGERY  
~~CLINICAL MEDICINE~~
- Date to enter the University: April 2018
- Year in which A-level /Diploma was completed: 2017

4. Provide any Results, such as your official A'Level Results, or other academic measures. (Please attach a copy of the official results.)

| Subject           | Grade |
|-------------------|-------|
| GENERAL PAPER     | B 3   |
| MATHEMATICS (SUB) | 5     |
| CHEMISTRY         | D     |
| BIOLOGY           | E     |
| AGRICULTURE       | C     |

### SECTION 3 – ACTIVITIES AND INTEREST

- A. List honors or academic awards you have received (e.g. scholarly activities, research, etc.):

| Award/Honor | Institution/Organization | Date |
|-------------|--------------------------|------|
|             |                          |      |

- B. List and briefly describe any work experience:

| Position | Employer | Dates of Employment |
|----------|----------|---------------------|
|          |          |                     |

### SECTION 4 – SHORT ESSAYS

- A. Why did you choose St Augustine International University?

The lecturer there and administration are determined to make students excel.

- B. How will you be financing your university education and how will a scholarship impact your plans?

paying accommodation fee.

- C. Write down your planned research topic/idea briefly

Reducing on the spread of malaria.

*[Signature]*

14/04/2018

Signature and Date

**Submitting your application:** Please submit the following to be considered for the Chapter scholarship:

1. Completed application form
2. Letters of admission into St Augustine International University.



ST. AUGUSTINE  
INTERNATIONAL  
UNIVERSITY

Bunga Hill Main Campus, P.O. Box 88, Kampala, Uganda  
A: +256 705 444 540, +256 704290233  
Email: [admissions@saiu.ac.ug](mailto:admissions@saiu.ac.ug) Website: [www.saiu.ac.ug](http://www.saiu.ac.ug)

## Undergraduate

### Application Form: 2018/2019 and 2019 Academic Year

Please write clearly in capital letters with blue/black ball pen

| PERSONAL INFORMATION  |  |   |  |
|---|--|---|--|
| Title (Dr/Mr/Ms/Mrs/Rev):   |  | Last Name(s): <b>WINFRED</b>                    |  |
| First Name: <b>MAHORO</b>   |  | Date of Birth: (dd/mm/yyyy)<br><b>25/9/1999</b> |  |
| Gender:<br>Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> | Marital Status:<br>Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Others (Specify below) <input type="checkbox"/> |   |  |
| Passport / ID No.   | Nationality: <b>UGANDAN</b>  | Country of Birth: <b>UGANDA</b>                 |  |
| Country of Ordinary Residence: <b>UGANDA</b>  | Occupation: <b>STUDENT</b>   | Religion: <b>CATHOLIC</b>                       |  |



|   |  |
|---|--|
| Permanent Home Address<br>(Physical Address)<br><b>KAMATINZA VILLAGE<br/>RUWINDI PARISH<br/>NYAKABANDE SUB-COUNTY<br/>KISORO DISTRICT</b> |  |
| Telephone No: <b>0778505755</b>   |  |
| Mobile No: <b>0778505755</b>  |  |
| Email:  | Date of Application: <b>14/04/2018</b> |

| DETAILS OF PROGRAM(S) TO STUDY (To select a program, refer to <a href="http://www.saiu.ac.ug">www.saiu.ac.ug</a> )  |   |
|---|---|
| 1st Choice:   | <b>DIPLOMA CLINICAL MEDICINE MEDICINE AND SURGERY</b>   |
| 2nd Choice:   |   |
| 3rd Choice:   |   |
| Please indicate how you heard about SAIU Programs<br>Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Social media <input checked="" type="checkbox"/> Friend <input type="checkbox"/> |   |
| Mode of fees payment  | Per semester <input checked="" type="checkbox"/> Per Year <input type="checkbox"/> Entire program duration <input type="checkbox"/> |
| Proposed start date<br>January 2019 <input type="checkbox"/> April 2018 <input checked="" type="checkbox"/> August 2018 <input type="checkbox"/>  |   |

This completed form and all supporting documents should be sent to or delivered to the University via E-mail, Post or by Hand not later than December 30<sup>th</sup>, March 30<sup>th</sup> or July 30<sup>th</sup> respective of the intake of the year you are seeking admission.

#### Undergraduate Applications

##### Office of the Registrar

St Augustine International University

Bunga Hill Main Campus, P.O. Box 88, Kampala, Uganda

Mobile: +256 705 444 540, +256 784290233

Email: [admissions@saiu.ac.ug](mailto:admissions@saiu.ac.ug), [ar@saiu.ac.ug](mailto:ar@saiu.ac.ug), [contact@saiu.ac.ug](mailto:contact@saiu.ac.ug)

For further information please visit [www.saiu.ac.ug](http://www.saiu.ac.ug)

#### FOR OFFICIAL USE ONLY

School Decision

Application No.

Course

## PARENT/GUARDIAN INFORMATION

(Give details of Parents and Guardian where applicable)

|   |  |
|---|--|
| Father                                    |  |
| Is father living?                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____ ) |
| Name:                                     | MUHABE JOHN  |
| Nationality:                              | UGANDAN  |
| Occupation:                               | PEASANT  |
| Telephone No<br>Include Area/Country code | +256 778938604   |
| Mobile No.<br>Include Area/Country code   | +256 778938604   |
| Email:                                    |  |

|   |  |
|---|--|
| Mother                                    |  |
| Is Mother living?                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____ ) |
| Name:                                     | UWIMANA PROMISE  |
| Nationality:                              | UGANDAN  |
| Occupation:                               | PEASANT  |
| Telephone No<br>Include Area/Country code |  |
| Mobile No<br>Include Area/Country code    |  |
| Email:                                    |  |

|   |   |
|---|---|
| Guardian                                  |   |
| Is Guardian living?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____ ) |
| Name:                                     |   |
| Nationality:                              |   |
| Occupation:                               |   |
| Telephone No<br>Include Area/Country code |   |
| Mobile No<br>Include Area/Country code    |   |
| Email:                                    |   |



# SECONDARY SCHOOL LEAVING EXAMINATION

UGANDA ADVANCED CERTIFICATE OF EDUCATION (UACE) OR EQUIVALENT

Certified photocopies of results and certificates must be attached to this application form.

Examining Authority

UNEB

Name and Address of School:

KISORO COMPREHENSIVE SENIOR SECONDARY SCHOOL  
P.O. BOX KISORO

Year of Examination:

2017

Index No.

01996153P

| Subjects<br><small>(Indicate whether Principal (P) or Subsidiary (S))</small> | Results/Grade |   |   |   |   |   |               |
|---|---------------|---|---|---|---|---|---------------|
|   | Papers        |   |   |   |   |   | Overall Grade |
|   | 1             | 2 | 3 | 4 | 5 | 6 |               |
| GENERAL PAPER (S)   |               |   |   |   |   |   | 3             |
| MATHEMATICS (SUB) (S)   |               |   |   |   |   |   | 5             |
| AGRICULT PRINC & PRAC (P)   | 5             | 2 | 3 |   |   |   | C             |
| CHEMISTRY (P)   | 5             | 6 | 3 |   |   |   | D             |
| BIOLOGY (P)   | 5             | 6 | 8 |   |   |   | E             |

## ORDINARY LEVEL EXAMINATION

UGANDA CERTIFICATE OF EDUCATION (UCE) OR EQUIVALENT

Certified photocopies of results and certificates must be attached to this application form.

Examining Authority:

UNEB

Name and Address of School:

MUHABURA SHINE SECONDARY SCHOOL  
P.O. BOX 304, KISORO

Year of Examination:

2015

Index No.

U2952/018

## Subjects

Provide Grade/Marks (not pass, credit, distinction) If a subject is not listed, include it in the spaces provided

| Subject          | Grade | Subject            | Grade | Subject             | Grade |
|------------------|-------|--------------------|-------|---------------------|-------|
| ACCOUNTING       |       | ENGLISH LITERATURE |       | MUSIC               |       |
| AGRICULTURE      | 4     | FINE ART           |       | PHYSICS             | 6     |
| BIOLOGY          | 4     | FRENCH             | 5     | RELIGIOUS EDUCATION |       |
| CHEMISTRY        | 4     | GEOGRAPHY          | 4     | TECHNICAL DRAWING   |       |
| COMMERCE         | 3     | HISTORY            | 3     |                     |       |
| ENGLISH LANGUAGE | 4     | MATHEMATICS        | 3     |                     |       |

## ANY OTHER ACADEMIC QUALIFICATIONS

Certified photocopies of results and certificates must be attached to this application form.

| University / Institute / College<br><small>(Include address and Country)</small> | Qualifications Obtained<br><small>(If any)</small> | Date Obtained | FullTime / Part Time / Distance |
|--|--|---------------|---------------------------------|
|  |  |               |                                 |
|  |  |               |                                 |
|  |  |               |                                 |
|  |  |               |                                 |

## PERSONAL STATEMENT

Please provide a short statement indicating why you wish to undertake this Program (your first preference)

I want to make other people's lives

## REFERENCES

Please provide the name of a person who is aware of your academic or professional ability and can support your application by providing a reference. (N.B: Referee should not be related to you in anyway).

|                  |                 |                |              |
|------------------|-----------------|----------------|--------------|
| Name of Referee  |                 | HALEMA CHARLES |              |
| Physical Address |                 |                |              |
| Address          |                 | Postcode       |              |
| City / Town      | KISORO          | Telephone No   | 0782 808 621 |
| Mobile No:       | 0782 808 621    | Fax            |              |
| Country          | BUFUMATA UGANDA | Email          |              |

## DECLARATION

- a) I certify that the information provided, the statements made by myself and documents attached, are to the best of my knowledge, true and accurate.
- b) I hereby agree, if admitted as a student at St Augustine International University to observe and comply with all the rules and regulations, procedures and guidelines.
- c) I agree to St Augustine International University processing my personal data contained in this form, as well as other personal data the University may obtain from me, or from other people connected to my studies. I agree to the retention and disclosure of such data for normal academic and administrative purposes.

Applicant's Signature



Date:

14/04/2018



MR LB



KISORO

3<sup>RD</sup> 14/2018

A VILLAGE  
PARISH

NOE SUB-COUNTY  
DISTRICT

TO KING CEASOR MULENGA  
THROUGH THE PRIME MINISTER  
CEASOR DEVELOPMENT KINGDOM  
P.O BOX 39  
KISORO

DEAR SIR,

RE: APPLICATION FOR A SPONSORSHIP FROM  
KING CEASOR MULENGA.

I humbly apply for a sponsorship from  
King Ceasor Mulenga for medicine and surgery  
in your university.

I am a Ugandan female Ugandan aged eighteen  
years. I completed my primary level from Matinza  
primary school for and got 8 aggregates. I  
joined O level at Muhabura Shine secondary school  
and got 29 aggregates. I completed my A-level  
from Muhabura Shine secondary school and got  
11 points. Biology (E), Chemistry (D), Agriculture  
(C), General paper (C3), and sub math (C5) and  
my documents are here by attached.

Hopping that my application will be put  
under your consideration.

Yours faithfully

~~Mahoro Winfred~~  
MAHORO WINFRED

Recommended  
and forwarded  
for consideration



A 2248139



NOV/DEC 2017 U.A.C.E.

## EXAMINATION FOR THE UGANDA ADVANCED CERTIFICATE OF EDUCATION

Please see over

MAHORO WINFRED

U1996/538

KISORO COMPREHENSIVE SS

ENTRY CODE: 8

DATE OF BIRTH: 25/09/1999

GENERAL PAPER  
 MATHEMATICS (SUB)  
 AGRICULT PRINC & PRAC  
 CHEMISTRY  
 BIOLOGY

SUBSIDIARY PASS  
 SUBSIDIARY PASS  
 PRINCIPAL PASS  
 PRINCIPAL PASS  
 PRINCIPAL PASS

| Subject<br>Grades | Paper Grades |   |   |   |   |
|-------------------|--------------|---|---|---|---|
|                   | 1            | 2 | 3 | 4 | 5 |
| 3                 |              |   |   |   |   |
| 5                 |              |   |   |   |   |
| C                 | 5            | 2 | 3 |   |   |
| D                 | 5            | 6 | 3 |   |   |
| E                 | 5            | 6 | 8 |   |   |

\*\*\* U.A.C.E. RESULT 50 \*\*\*

1.



0 4394950



2015 U.C

EXAMINATION FOR THE UGANDA CERTIFICATE OF EDUCATION

MAHORO WINFRED

MUHABURA SHINE SECONDARY SCHOOL

ENTRY CODE:1 DATE OF BIRTH: 25/09/1999

U2952/018

P.O.BOX 304 KISORO

1 ENGLISH

2 HISTORY

2 GEOGRAPHY

3 FRENCH

4 MATHEMATICS

5 AGRICULT PRINC & PRAC

5 PHYSICS

5 CHEMISTRY

5 BIOLOGY

8 COMMERCE

4 (FOUR)

3 (THREE)

4 (FOUR)

5 (FIVE)

3 (THREE)

4 (FOUR)

6 (SIX)

4 (FOUR)

4 (FOUR)

3 (THREE)

GRADE AGGREGATE 29

1.

\*\*\* RESULT 1 \*\*\*

Please see overleaf

P 6711993

P.L.E. 2011



# RESULTS FOR THE PRIMARY LEAVING EXAMINATIONS

011543/052

MAHORO WINFRED  
MATINZA PRIMARY SCHOOL

KISORO

|                              |   |       |
|------------------------------|---|-------|
| ENGLISH                      | 2 | (TWO) |
| BASIC SCIENCE & HEALTH EDUC. | 2 | (TWO) |
| SOCIAL STUDIES               | 2 | (TWO) |
| MATHEMATICS                  | 2 | (TWO) |

This result slip is not a certificate. The Uganda National Examinations Board reserves the right to correct the information given on results slips.

Id

S & O  
9336.05 -  
9/11  
P.L.E.)

\*\*\* RESULT 1 \*\*\*

GRADE AGGREGATE 8

This is to certify that  
M. Mahoro Winfred

Sex: MALE Age: 17

is a Student of

**MUHABURA SHINE  
SECONDARY SCHOOL**

P.O. Box 304, Kisoro (U)

Date of issue: 12/01/2016

Class: S.S.2

Headmaster

Class: S.S.2

Renewed on 12/01/2017

Headmaster



This is to certify that the above photograph is of

MAHORO WINFRED

Holder's Signature

Headmaster's Signature