



Mountains of the Moon University

OFFICE OF THE REGISTRAR ACADEMIC

P.O.Box 837, Fort-Portal, Uganda

Tel: +256 483 422637

Website: www.mmu.ac.ug

Email: registrar@mmu.ac.ug

PARTIAL SCHOLARSHIP APPLICATION FORM

(Fill this form in block letters)

Surname/Family name of applicant-----

Other Names (In full) -----

Place of Birth-----

Current place of residence: -----

Official Address: -----

Tel:-----

School attended-----

Course admitted to:-----

Name of parent (s)/ Guardian:-----

Address:-----

Tel:.....

On an attached sheet in your own words:

1. Write why you wish to study this programme
2. Tell us your career objectives
3. Explain why you should be awarded a scholarship

Provide 2 academic referees (preferably your former teachers/Head teachers of your school.

Name:.....

Position:

Tel:

Name:

Position:

Tel:

Obtain recommendation from Local Council officials as indicated below

LC I OFFICIAL

Name:Signature & Stamp.....

LC II OFFICIAL

Name:Signature & Stamp.....

LC III OFFICIAL

Name:Signature & Stamp.....

NB. ON THIS FORM ATTACH PHOTOCOPIES OF ALL YOUR ACADEMIC CREDENTIALS AND BIRTH CERTIFICATE.

RETURN COMPLETED FORMS TO:

Vice Chancellor
Mountains of the Moon University
Leaf Trust Scholarship Scheme
P.O BOX 837
Fort. portal ambassador