

LEARNER'S NAME:.....



PREMIER EDUCATION & HEALTH FOUNDATION (PEHF)

Reg. No. 80034664133775 **Educate, Heal, Thrive**

POST OFFICE BUILDING, BIRCH AVENUE, P.O BOX 355, MASAKA, UGANDA, TEL: 0786832025

GPPS BURSARY APPLICATION FORM

To be completed by the bursary candidate's parent or guardian.

PART A: LEARNER'S DETAILS:

1.	Full Names		
2.	Date & Place of Birth		
3.	Gender		
4.	Permanent Home Address		
5.	Schooling to date	Current School:	Present Class:
6.	Religion		
7.	Number of Siblings	Total Number:	Their Ages:

PART B: PARENT/GUARDIAN'S DETAILS:

	Parent/Guardian-1	Parent/Guardian-2	Emergency Contact
1.	Full Names		
2.	Relationship to Learner		Emergency contact.
3.	Marital Status		
4.	Occupation		
5.	Physical Address		
6.	Telephone number:		
7.	Tel. No. of LC1 Chairperson		

- How did you hear about PEHF?
- Does your child have any health problems? YES NO
If YES – Explain:
- Can you afford to pay maintenance costs ofper term of the academic year? YES NO

PART C: DECLARATION PARENT/GUARDIAN:

Ideclare that all the answers I have given in this application are complete and accurate to the best of my knowledge and , if admitted, I agree to observe all the terms and conditions of this bursary program including the payment of trimester's maintenance costs (referred to as Fees) for my child in full by or before (VD) and to provide this learner with all dormitory and classroom requirements – including uniforms.

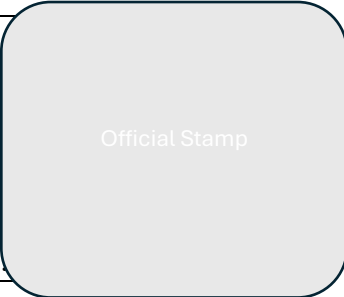
Signatures Parent/Guardian-1:..... Parent/Guardian-2:.....



LEARNER'S NAME:.....

PART D: RECOMMENDATION BY AREA LC-1 CHAIRPERSON

.....
.....
.....
.....



LC 1 Chairperson: Name:

Signature: Date.....

FOR OFFICIAL USE ONLY:

This application is: Approved Rejected.

Reason for Rejection:

- Financial Need not met/well demonstrated.
- Unable to support other school needs of the child.
- False information provided.
- Unable to verify some of the information provided on this application.

Foundation Representative: Name Signature:

-END-