

Write your name on each page: _____



SCHOLARSHIP APPLICATION FORM

To be filled out by the applicant. Please complete all items and ensure handwriting is clear and readable.

Part I – General information

Last name	
First name	
Please write names exactly as they appear in your identity or academic documents.	

Date of birth (Day/Month/Year)	
Place of birth	Country: _____ City/Village: _____
Nationality(ies)	
Refugee ID number	
UNHCR individual registration number	
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Children	<input type="checkbox"/> No children Children (please add number): <input type="text"/>
Current occupation or activity	<input type="checkbox"/> School graduate (just completed secondary school) <input type="checkbox"/> University student (already enrolled in university) <input type="checkbox"/> Previous university studies complete, interrupted due to: <input type="checkbox"/> Employed, please specify: <input type="checkbox"/> Self-employed, please specify: <input type="checkbox"/> Casual work, please specify: <input type="checkbox"/> Other, please specify:
Residential address	
Mobile number	
WhatsApp, if different from mobile number	
E-mail address	

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Part II – Family situation

Parent / Caregiver information

	Last name	First name	Date of Birth (Day/Month/Year)	Location (country, deceased, other)
Father				
Mother				
Main caregiver (if different from parent)				

Siblings

Full name	Female/ Male (F/M)	Age	Do they attend school? Yes/No	If yes, what grade/level?	Do they work? Yes/No	If yes, what type of work?	Do you live in the same household? Yes/No
1.							
2.							
3.							
4.							
5.							

Dependent information

Provide information about your spouse, children, and/or other dependents. If there are more than two dependents, please include additional information on a separate sheet of paper.

- I do not have children or dependents
- If you do have children or dependents, please complete the following:

Dependent (1)	
Full name:	
Relationship to you (spouse, child, etc.)	
Age	
Date of birth	Day: Month: Year:
Place of birth	Country: City/Village:
Current residence	Country: City/Village:

Write your name on each page: _____



Dependent (2)	
Full name:	
Relationship to you (spouse, child, etc.)	
Age	
Date of birth	Day: Month: Year:
Place of birth	Country: City/Village:
Current residence	Country: City/Village:

Specific needs

Please indicate if you or another close family member are living with a disability or serious medical condition or any other special circumstances that should be taken into account. If possible, include medical record with your application.

- I have a specific need
- One of my family members has a specific need:
Full name, age and relationship to you: _____
- I have a specific need and a family member has a specific need
- Not applicable

Type of condition (Please select what applies)	<input type="checkbox"/> Visual impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Physical impairment <input type="checkbox"/> Chronic disease, please specify: <input type="checkbox"/> Injury, please specify: <input type="checkbox"/> Serious medical condition, please specify: <input type="checkbox"/> Other, please specify:
Type of specific assistance needed (medication, therapy, special food, protection, accommodation, care, reading material, hearing aids, etc.)	
If you have a specific need , please indicate whether it will impact your studies and any additional accommodations / assistance that may be required to support you in your studies (for example, accessible accommodation, sign language interpreter).	

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Part III – Social / economic situation

Parents’ profession and education level

	Father (or caregiver)	Mother (or caregiver)
Level of education (highest level of education achieved <u>or</u> number of years in school)		
Profession		

Parents’ current work / job

	Father (or caregiver)	Mother (or caregiver)
Current work/job		
Estimated monthly income		

Family monthly income (please indicate in AZN)

Total monthly income (estimated)	Amount in RWF:
Who earns most of the monthly family income?	Who: Amount in RWF:
Amount and source of family financial resources if you, your parents or caregiver are not working. (For example, a relative, a friend etc.)	Amount in RWF: Source:
Do <u>you</u> receive cash support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you receive cash support, from which source?	<input type="checkbox"/> UNHCR <input type="checkbox"/> Government agency <input type="checkbox"/> Other, please specify:

Part IV – Academic background

Secondary school

Dates of attendance	From (month/year):	To (month/year):
Location of school	Country:	City:
Name (or number) of school		
Year graduated		
Official / certified copy of the school diploma attached to this application	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain why not:	

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Higher education (university, college, academia etc.)

Complete this section only if you have previously enrolled in higher education but were forced to interrupt your studies, whether in the Country of Origin or in Rwanda.

- I did not previously enroll in higher education, not applicable
- If applicable, please provide the following information:

Dates of attendance	From (month/year):	To (month/year):
Number of years (or semesters) completed		
Location of institution	Country:	City:
Name of institution		
Field of study		
Degree obtained (Yes/No)		
Reason studies were interrupted	If yes, the reason was: <ul style="list-style-type: none"> <input type="checkbox"/> I was forced to flee. <input type="checkbox"/> I lacked the financial means to support myself. <input type="checkbox"/> Illness <input type="checkbox"/> Needed to support my family and had to work <input type="checkbox"/> Other, please specify: 	
Copy of the results (academic transcript or any other document showing your academic performance) attached to this application	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain why not:	

Languages

Indicate language level: [Native (N), Excellent (E), Good (G), and Basic (B)] for each category. If you are a newly enrolling student, include the language of study applicable to the course you want to enroll in.

Languages <i>Indicate: N-native; E- excellent; G-good; B-basic</i>	Comprehension	Reading	Writing	Speaking	Do you have language proficiency certificate? (Yes/No)

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Computers and technology

Check which apply to the availability of a personal computer to you

- I own a personal computer
- I do not own a personal computer
- We have one personal computer in the family that I can use from time to time
- I only have a smartphone which connects to the internet
- I do not have access to any means of connectivity to the internet.
- Other, please specify:

Please check (x) which apply to your skills in working with a computer and using the internet. Lack of experience or skills with technology will not impact your likelihood of selection.

Skill / Experience	Never used / No experience	Limited knowledge	Some practical knowledge	Advanced practical knowledge
General computer use				
Microsoft Word				
Microsoft Excel				
E-mail functions				
Search functions				
Programming				
Other:				

Professional (work) experience

- I do not have any professional (work) experience, not applicable
- If applicable, please provide the following information:

Name of company, organisation, agency	From (Month/Year)	To (Month/Year)	Your position or type of work
1.			
2.			

Social and community engagement / volunteering

List community, social, sports, school, other activities you regularly participate in.

- I do not participate in any activities, not applicable
- If applicable, please provide the following information:

Type of activity	From (Month/Year)	To (Month/Year)	Your role or position
1.			
2.			

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Hobbies

Explain your interests and hobbies (reading, social engagements, arts, sports, etc.) in 200 words or less.

Part V – Your study plan for this scholarship

Fill the below table if you are a [newly enrolling student](#)

What subject would you like to study?	
In which higher education institution in Rwanda would you like to study?	
Have you already applied for admission or been admitted to the institution mentioned above? If yes, please attach the proof / letter of admission if available.	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>I have applied for admission at the following institution:</p> <p>_____</p> <p>Letter of admission attached to this application:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain:</p> <p><input type="checkbox"/> Response pending <input type="checkbox"/> Admission rejected</p>
What is the estimated duration of the programme of study (years)?	

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Fill the below table if you already study at a higher education institution in Rwanda

What is your field of study?	
In which higher education institution in Rwanda are you studying?	
Copy of the student card and a copy of your latest academic transcript (subjects and scores) attached to this application.	<input type="checkbox"/> No <input type="checkbox"/> Yes If no, please explain:
What is the expected year of graduation?	

All students – newly enrolling and ongoing – explain your personal and professional motivation for your field of study. Mention employment opportunities, relevance to personal or community development, other factors influencing your choice? (200 words or less)

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Part VI – Additional information

Have you <u>received</u> a higher education scholarship before?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes: <input type="checkbox"/> Name of scholarship provider: <input type="checkbox"/> Period for which scholarship was provided: <input type="checkbox"/> Country in which scholarship was received: <input type="checkbox"/> Field of study or degree supported: <input type="checkbox"/> Study completed/degree obtained: yes/no
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If you are awarded a DAFI scholarship, what would be expected from you in terms of caring for your family / dependents during your studies? (200 words or less)

- I am not responsible for the care of any dependents or family members, not applicable
- If applicable, please explain.

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Part VII – Information certification

I, _____, hereby certify that my statements in response to the above questions are true, complete and accurate. I understand that any false information provided in this application will affect my chances of selection. I undertake to inform UNHCR of any significant changes to my circumstances without delay.

I confirm that I am not receiving funding/scholarship from any other organisation or donor to pursue my tertiary education.

I understand that this application does not guarantee selection for the scholarship. If shortlisted, I will make myself available for an interview and provide any additional information required.

I certify that I have read and understood the terms and conditions of the DAFI scholarship.

Full name:

Signature:

Place and date:

Part VIII – Declaration of consent

I, _____, understand and agree to the following:

- UNHCR will share personal data contained in this application form with a DAFI Selection Committee. The Selection Committee will use the data for the preparation and conduct of interviews and the selection of candidates for the DAFI scholarship.
- Members of the DAFI Selection Committee are representatives of UNHCR, German Embassy and the refugee community. All members of a DAFI Selection Committee engage in respecting the confidentiality of the personal data contained in this application form.
- UNHCR may need to share data contained in this application form with higher education institutions and other relevant scholarship providers, strictly limited to that concerning the scholarship and in due respect of data confidentiality.
- Apart from the above, UNHCR will keep all my personal data confidential.
- I may request access to, correction and deletion of my personal data or object to its further processing. I understand that in the event of an objection to further processing of data during the selection process, it may impact my ability to proceed in the DAFI scholarship selection process. I can make requests by contacting Mr. Tural Abbasov, DAFI Focal Person at +994 12 492 14 43
- I understand that in the event that I am selected for a DAFI scholarship, a request to delete my personal data may not be granted by UNHCR for monitoring and accountability purposes.

Full name:

Signature:

Place and date: