

**SYNERGY INSTITUTE OF NURSING AND ALLIED HEALTH PROFESSIONS  
(SINAHP)**

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**BURSARY APPLICATION FORM**

**BIO-DATA**

<b>Field</b>	<b>Information</b>
<b>STUDENT'S NAME:</b>	_____
<b>DATE OF BIRTH:</b>	_____
<b>AGE:</b>	_____
<b>GENDER:</b>	_____
<b>RELIGION:</b>	_____
<b>DISTRICT OF RESIDENCE:</b>	_____
<b>HOME ADDRESS:</b>	_____
<b>CONTACT NUMBER:</b>	_____
<b>EMAIL:</b>	_____

**PARENT/GUARDIAN INFORMATION**

**FATHER'S DETAILS**

<b>Field</b>	<b>Information</b>
<b>NAME:</b>	_____
<b>AREA OF RESIDENCE:</b>	_____
<b>AGE:</b>	_____
<b>OCCUPATION:</b>	_____
<b>CONTACT NUMBER:</b>	_____

**MOTHER'S DETAILS**

<b>Field</b>	<b>Information</b>
<b>NAME:</b>	_____
<b>AREA OF RESIDENCE:</b>	_____
<b>AGE:</b>	_____
<b>OCCUPATION:</b>	_____
<b>CONTACT NUMBER:</b>	_____

**GUARDIAN'S DETAILS (IF APPLICABLE)**

<b>Field</b>	<b>Information</b>
<b>NAME:</b>	_____
<b>AREA OF RESIDENCE:</b>	_____
<b>AGE:</b>	_____
<b>OCCUPATION:</b>	_____
<b>CONTACT NUMBER:</b>	_____

**TUITION PAYER INFORMATION**

<b>Field</b>	<b>Information</b>
<b>NAME OF PERSON PAYING TUITION:</b>	_____
<b>RELATIONSHIP TO STUDENT:</b>	_____
<b>AREA OF RESIDENCE:</b>	_____
<b>CONTACT NUMBER:</b>	_____
<b>SOURCE OF INCOME:</b>	_____

**COURSE DETAILS**

<b>Field</b>	<b>Information</b>
<b>COURSE APPLIED FOR:</b>	_____
<b>INTAKE APPLIED FOR:</b>	_____

**STUDENT'S DECLARATION**

I, \_\_\_\_\_ (Student's Name), hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false information given may result in the forfeiture of the bursary if awarded.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PARENT/GUARDIAN'S DECLARATION**

I, \_\_\_\_\_ (Parent/Guardian's Name), confirm that the information provided in this application is accurate and true to the best of my knowledge.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

<b>Field</b>	<b>Information</b>
<b>Application Received By:</b>	_____
<b>Date Received:</b>	_____
<b>Application Status:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
<b>Remarks:</b>	_____ _____
<b>Bursary Awarded:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Amount Awarded:</b>	_____
<b>Authorized By:</b>	_____
<b>Signature:</b>	_____
<b>Date:</b>	_____

Please return the completed application form to the SINHP Admissions Office