

## Financial Form for Merits & Needs Based Scholarship 2024-2026

In order to be considered for Financial Assistance with Tuition Fees and/or Capital Levy, parents must complete **ALL relevant** sections of this form and submit together with requested supporting documentation. All information will be held in the strictest confidence by ISU. Worldwide income, expenses, assets & liabilities should be included and all figures should be given in United States Dollars (if converting from Uganda Shillings please contact ISU for the exchange rate). **Incomplete applications will not be considered.**

Please return this form to the ISU Business Office on enrolment.

**I/We wish to apply for assistance with (please tick one box only)**

Capital Levy Only       Tuition Fees Only       Tuition Fees & Capital Levy

If applying for assistance with **Capital Levy** only, please complete sections **I. VI. VII.** and Section **VIII. Applicants Declaration.** Applicants for Tuition Fees should complete **ALL** sections.

### I. General Information

	Full Name of Student	Date of Birth (DD/MM/YYYY)	Grade Level 2024-25	No. of Years Completed at ISU	Amount (%) of Assistance Requested*
1.					
2.					
3.					
4.					
5.					

\*Refer to Financial Assistance guidelines for information on the maximum amounts available

**Student(s) Living with:** Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_

**Period of Residence in Uganda:** From \_\_\_\_\_ To: \_\_\_\_\_

Contact Details	Father	Mother
Name:		
Mobile No:		
Other Telephone No:		
Email:		
Alternative Email:		
Physical Home Address in Uganda		
Mailing Address		



Other Dependent Children Not Attending ISU						
	Full Name	Age	Current School/University	Grade	School/University Fees Paid 2023-24	School/University Fees Due 2024-25
1						
2						
3						

Employment/Work Details	Father	Mother
Employer's Name		
Position		
Company Address		
Supervisor's name and cell phone number (may be contacted by ISU)		
OR If Self Employed – complete section below		
Business Details	Father	Mother
Name and address of Self Owned Business(es)		
Company Registration Number		
Company TIN		
No. of years in business		

## II. Annual Income and Expenses – Prior Year and Current Year For the Income Tax Year 1 July – 30 June

Actual 2023-24	Father	Mother	Total
<b>INCOME:</b> Annual salary or profits from business			
Annual rental income			
Annual royalties/dividends			
Consultant fees			
Other income			
<b>Total Annual Income 2023-24</b>			
<b>Tax Paid 2023-24</b>			
<b>Total Annual Income After Tax</b>			
<b>EXPENSES</b> : Medical Expenses/Insurance not covered by employer			
Rent/Mortgage			
College Loan/Other Loan payments			
ISU School Fees (Amount Paid after Assistance)			
Other School/College Fees			
<b>NET DISPOSABLE INCOME 2023-24</b>			

List any other benefits associated with your Employment, with values (E.g. Housing, Furniture, Utilities, Car, Flights, Educational Allowances, etc)

Anticipated Income – 2024-25		Father	Mother	Total
<b>INCOME:</b>	Annual salary or profits from business			
	Annual rental income			
	Annual royalties/dividends			
	Consultant fees			
	Other income			
<b>Total Anticipated Income 2024-25</b>				
<b>Anticipated Tax to be Paid 2024-25</b>				
<b>Expected Total Annual Income After Tax</b>				
<b>EXPENSES</b>	Medical Expenses/Insurance not covered by employer			
:	Rent/Mortgage payments			
	College loan/Other loan payments			
	School / College Fees (non-ISU)			
<b>NET DISPOSABLE INCOME 2024-25</b>				
<b>ISU Fees 2024-25 without Financial Assistance</b>				

List any other benefits you currently receive from your Employment, with values (E.g. Housing, Furniture, Utilities, Car, Flights, Educational Allowances, etc)

A letter of verification of salary and benefits should be included in the supporting documents attached to this application.

#### IV. Assets and Liabilities

ASSETS		Total US\$
Total Cash, Savings and Current Accounts		
Name of Bank:	Account No:	
Name of Bank:	Account No:	
Retail Market Value of Current Home (if Owned)		
Retail Market Value of any Property		
Vehicles (please include make, model and year)		
1.		
2.		
If Self-Employed, value of Business Equity		
Name of Business		
% Owned		
Include Audited Financial Statements for last Two Years		
Value of any Investments: stocks, bonds & others		
Other		
<b>TOTAL ASSETS</b>		

#### V. Liabilities

Liabilities (US\$)	Total US\$
Mortgages	
Car loans	
Credit card debt	
Other long term debt	
Other short term debt	
Other (please specify)	
<b>TOTAL LIABILITIES</b>	

#### VI. Supporting Documents

The following documents must be included with your Financial Assistance Application

### NEW APPLICATIONS – TUITION/CAPITAL LEVY

1. Copy of Passport or National ID (if Ugandan)
2. Letter of Verification of Income, Benefit and Tax Paid from Employer – if employed
3. Audited Financial Statements for last two years – if self-employed
4. Documents supporting amount and term of liabilities (mortgages, loans, etc.)
5. Copies of all bank account statements the last three months

**VII. Additional Information:** Please include below any additional information which you feel the Head of School/Business Manager may need to consider in order to more effectively evaluate your application. Use additional paper if necessary.

### VIII. APPLICANT DECLARATION

In applying for financial assistance from the International School of Uganda (ISU) I declare that the answers to the questions in this application are true and complete. I understand the necessity for confidentiality. I also understand that assistance may be revoked for any of the following reasons:

- 1) if any of the information provided in this report proves to be false or deliberately misleading
  - 2) if the student receiving the assistance demonstrates academic or social behaviour not consistent with the goals of the school
- I/We confirm that we would have financial difficulty in paying the full ISU tuition/capital levy fees for our child/children

- I/we do not receive ANY financial support from my/our employers or any other source towards the cost of school fees.
- I/We give permission for the Head of School/Business Manager to contact my/our employer(s) or other relevant people for references in relation to this application.
- I/We agree to pay the balance of all fees by the stipulated due dates.

Signature of Parent(s) or Guardian(s) of Financial Assistance applicant(s):

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature - Mother

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature - Father

**Please ensure all required supporting documents are enclosed or attached. *Please note that incomplete applications will not be considered.***