



WLRA SCHOLARSHIP FORM

WLRA is a non-profit Charitable Association created to impact and better lives of families of injured workers. The scholarship program is to benefit children/Spouses of workers injured or killed in work-related accidents. WLRA is an affiliate of Wounded Labourers relief foundation, and Advocacy for workers rights in Uganda.

Our mission is to assist deserving spouses/children who have been affected by a partner's/parent's work-related injury.

This needs-based scholarship is available to children/spouses of injured workers whose injury, while at work resulted in a permanent inability to return to work (a pension under the claim) or death. This scholarship is available for primary, high school, university undergraduates, technical/vocation school, or other accredited schools.

Basic eligibility requirements

- Must be the natural, adopted, step-child or full dependent of a worker injured or killed in a work-related accident during the course and scope of employment.
- Must be a Ugandan resident between the ages of 6 and 25 at the time of the application.
- Must be a citizen of the Uganda or a lawful permanent resident.
- Must be a student or learner in good standing. Must have good scores for high school, university and vocation applicants.
- Must demonstrate financial need

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1. Application Information

NAME OF APPLICANT First <input type="text"/> Last <input type="text"/> Given <input type="text"/> NN <input type="text" value="/ / / / / / / / / / / / / / /"/>	Physical Address <input type="text"/> Student cell phone Nb <input type="text"/> Daytime Mobile Number <input type="text"/> District <input type="text"/> Sub county <input type="text"/>
Date of Brth <input type="text" value="DD/MM/YY / /"/>	Email Address <input type="text"/>
Father's Name <input type="text"/>	Mother's Name <input type="text"/>
Father's NN <input type="text"/>	Mother's NN <input type="text"/>
Name of nearest relative through whom you can always be contacted: <input type="text"/> Relationship <input type="text"/> Address <input type="text"/>	

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2 Information regarding injured or deceased parent or legal guardian

A Identification of injured or deceased parent or legal guardian

Full name of injured or deceased parent or legal guardian <input type="text"/>	NSSF No. of injured or deceased parent or legal guardian <input type="text"/>
Date of injury or death DD/MM/YY / / <input type="text"/>	Worker Identification No.(if available) <input type="text"/>
Address of parent or legal guardian (if applicable) <input type="text"/>	
Telephone No. of parent or legal guardian (if applicable) <input type="text"/>	
Nature and extent of parent or legal guardian's injury (attach additional sheet if necessary) <input type="text"/>	How has this injury affected you or your household (attach additional sheet if necessary) <input type="text"/>

B Parent's or legal guardian's employer at time of injury/death

Employer of parent or legal guardian at time of work injury <input type="text"/>	Employer address <input type="text"/>
Employer Contact number <input type="text"/>	
Address of parent or legal guardian (if applicable) <input type="text"/>	

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C Workers' compensation insurance company information

Name of insurer <input type="text"/>	Insurer address <input type="text"/>
Insurer email <input type="text"/>	Insurer telephone No. <input type="text"/>
Insurer claim No. <input type="text"/>	
Claims representative name <input type="text"/>	Claims representative name <input type="text"/>

D Attorney representing injured or deceased parent or legal guardian (if applicable)

Name of Attorney <input type="text"/>	Attorney Address <input type="text"/>
Name of Attorney firm <input type="text"/>	Mobile number <input type="text"/>
	Attorney email <input type="text"/>

B Vocation/high school already attended (if applicable)

Name <input type="text"/>	Address <input type="text"/>
Extra-curricular school and community activities <input type="text"/>	Graduation date <input type="text"/>
Institution planning to attend (tick) Primary Secondary Vocation	Expected starting date <input type="text"/> DD/MM/YY Major field of intended study (Vocation /University)

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University

Will you be living on campus, off campus or at home?

Are you enrolled full time?(tick)

Yes

No

How much will your educational expenses be? (Complete whichever is appropriate.)

Tuition and Fees

Per Quarter

Per Semester

Per Year

Housing

Books/Supplies

Food

Other

How did you learn about WLRA?

EDUCATIONAL BACKGROUND: List in order all schools attended.

Schools	Years Attended
1.	
2.	
3.	
4.	
5.	

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I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Applicant

Date

SIGNATURE OF PARENT OR GUARDIAN IF APPLICANT IS UNDER 18

Date

ADDITIONAL DOCUMENTS REQUIRED

- Official copies of high school Certificates of grades and college/technical school transcripts (if attended)
- Letter of recommendation (optional but recommended)
- Copy of your PLE, UCE or UACE, whichever is applicable, with award information

Please return this completed application, a copy of your FAFSA or WASFA, and other required documentation to:

E-Mail: woundedlabourers@gmail.com P.O. Box KAMPALA, UGANDA

For more information, please visit www.....org

REMINDER – APPLICATIONS ARE DUE EVERY DECEMBER 31ST

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Wounded labourers Relief Association Scholarship Applicant: Complete the first section only, date, and have the injured worker or surviving spouse sign. Please enclose this form with your completed scholarship application.

RE INJURED WORKER/DECEASED WORKER NAME

NN

CLAIM NUMBER

DATED this _____ Day of _____ 20____

Signature of Injured Worker or Surviving Spouse

Signature of Beneficiary, if over 18 years of age

Check the appropriate box below.

Pension Benefits Section

Claims Management — Is there a pending review by Pension?

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Answer the following questions:

Does the injured worker or surviving spouse receive a pension benefit?

Yes
<input type="checkbox"/>
No
<input type="checkbox"/>

If over 18, does the beneficiary have a benefit or entitled to a benefit? Yes

<input type="checkbox"/>
Yes
<input type="checkbox"/>
No

If yes, how much per month?

Date

Signed: _____