



Mastercard Foundation Scholars Program at University of Rwanda

Declaration form for MasterCard Foundation Scholars Program Scholarships-2023 at University of Rwanda

Declaration

I..... do declare that all the information I have provided in the present application form is to the best of my knowledge true and accurate. I do agree that any information that may be deemed falsified and/or inaccurate shall lead to automatic disqualification of my application and/or scholarship. I do acknowledge that completing this application does not imply automatic award of scholarship. The decision of the MCF-SP@UR Selection Committee is Final. Applicant. Signature:Date:

Parent/Guardian/Witness Signature:Date:

Section H: Sworn Statements

1. RELEASE FORM

If selected to be awarded MCF-SP@UR scholarship, I agree to the education model and training framework that will be provided by the University of Rwanda to which I have been provided the scholarship to undertake my studies. I agree to abide by and allow the university Rwanda and MasterCard foundation for purposes of any public relations and purpose of promoting their services to the wider global context make use of any photographs and/or my personal biodata as permissible under ethical conduct. I provide MCF-SP@UR, the University of Rwanda and MasterCard foundation such express permission to use the said material either complete or in part, alone or in conjunction with any wordings, caption or drawing. MCF-SP@UR, the University of Rwanda, and MasterCard foundation can use the photographs for purposes of out-door advertising or any other media or before any forum gathering for the promotion of their mandate and services.

2. EXCLUSIVITY

I declare that I will not provide any material to any organization without any prior informed consent of MCF-SP@UR, if such information is to be used to the detriment of MCF-SP@UR, the University of Rwanda, and Mastercard foundation. I pledge that I will not prosecute or institute any proceeding or make claims or demands either against MCF-SP@UR, the University of Rwanda, and Mastercard foundation or any of its staff and representatives in respect to the use of materials provided including photographs among others.

I do understand the details and conditions of the release and exclusivity conditions and endorse as here below

Name of the Applicant Sign.....Date

Place of signing P.O. Box

Telephone.....Email.....

Witness.....