

Rose Uganda Fellowship Application

Inspiring the next generation of community leaders.

Apply to become a Rose Fellow by completing the required fields below:

First Name _____ Last Name _____

Address _____

Phone Number _____ Email _____

WhatsApp _____

What is your preferred method of communication? phone SMS WhatsApp Other

Age (required if under 18*) _____

Gender Female Male

What language (s) do you speak? English Luganda Swahili Kiswahili Other

Are you able to read and write in English? Yes No

Did someone help you fill out this application? Yes No

Do you have a disability? Yes No

If yes, what type of disability do you have? _____

Will your disability limit you in performance? Yes No

If yes, please explain _____

"I would describe myself as ..." (please select all that applies)

- | | |
|--|--|
| <input type="checkbox"/> Organized and Detail-oriented | <input type="checkbox"/> Compassionate |
| <input type="checkbox"/> Honest | <input type="checkbox"/> Trustworthy |
| <input type="checkbox"/> Passionate | <input type="checkbox"/> Conscientious |
| <input type="checkbox"/> Eager to learn | <input type="checkbox"/> Outgoing |
| <input type="checkbox"/> Shy | |

Have you ever volunteered elsewhere? Yes No

Rose Academies – Uganda

P.O.Box 199, Ntinda, Kampala, Uganda

<https://www.roseacademies.org> / Cell: +256775585961

Why are you interested in participating in the Rose Uganda Fellowship Program? _____

Please select those areas that you are interested in and would support your personal/professional development:

- Leadership skills Professional development
 Personal development Technology; STEM Healthcare Education
 Social Justice Entrepreneurship and business development
 Research Business management

Education

What is the highest level of school you have completed?

- Primary Upper Primary Lower Secondary
 Upper Secondary Tertiary Vocational Training
 University (what level have you completed?) _____
 Other

Work Experience (please provide your work experience, or attach your resume to this application)

Availability

- What is your current status? Stay at home parent Student
 School Graduate Entrepreneur – self employed
 Civil servant Part-time employee Unemployed

If you become a part of our fellowship program, do you have any commitments that we should know about? Yes No

If yes, please explain _____

If selected, are you available to begin training right away? Yes No

If no, please explain _____

Please attach your references to the application form. Thank you!

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