



OKEE BARMICH VALERIAN FOUNDATION

Okee Lifetime Bursary

Financial Assessment Questionnaire

1. Applicant Personal Information

Full name

Date of birth (DOB)

Place of residence

Place of origin

School

Current class / year

2. Parent / Guardian / Sponsor

1. Name	_____	Age	_____	Occupation	_____
2. Name	_____	Age	_____	Occupation	_____
3. Name	_____	Age	_____	Occupation	_____

3. Household Information

Marital status of parent / guardian / sponsor

Total number of dependents / people in the household

Number of dependents at each study level:

Study Level	Number
Primary	
Secondary	
College / University	
Other	

Any household member with chronic illness or lasting disability? Yes / No

If Yes, specify and attach medical forms from a government medical facility (HCIV and above).

Details

4. Household Income Details

Gross monthly income of parents / guardians / sponsors (if known) UGX

Estimated household income sources and annual worth:

Income Source	Amount (UGX)
a. Farming (per year / all seasons)	
b. Business / self-employment	
c. Pensions / social support	
Total annual household income (a + b + c)	

5. Household Expenses per Month

Expense	Amount (UGX)	Note
a. Rent		
b. Food and utilities		
c. School fees for other dependents		Attach relevant pay slips
d. Medical expenses for all dependents (estimate)		
e. Other major expenses		
Total monthly expenses (a + b + c + d + e)		

6. Family Assets Details

Do you own a house / livestock / business? Yes / No

Estimated total value UGX

Type of land the family holds (tick all that apply):

<input type="checkbox"/> Communal land	<input type="checkbox"/> Private	<input type="checkbox"/> Inherited family land	<input type="checkbox"/> Lease-free land
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7. Declaration

I _____ declare that the information provided above is true, accurate and authentic to the best of my knowledge. I understand that false information provided to the Foundation will lead to disqualification and lawful suit if discovered.

Applicant's signature

Date

**Parent / Guardian / Sponsor's
signature**

Date

8. Attachment Checklist (tick where appropriate)

- Copy of birth certificate / national ID
- Copy of medical reports (where applicable)
- Copies of pay slips
- Other documents deemed necessary