

KIRINYAGA UNIVERSITY BURSARY APPLICATION FORM

PART: 1 INSTRUCTIONS TO APPLICANT

1. The Kirinyaga University bursary scheme has secured limited funds to support academically performing and financially needy students of this University. Financially able students are not expected to apply.
2. It is an offense to give false information.
3. Applicants are advised to submit certified copies of relevant support documents to enable accurate evaluation of their cases.
4. Only duly completed original forms (not photocopies) will be accepted.
5. All forms shall be returned at the Dean of Students’ office before the provided deadline.
6. Successful applicants will have the awarded bursary paid directly to the University.
7. Applicants are advised to read the KyU bursary scheme policy before filling the bursary form (available on KyU website).

PART: 2 PARTICULARS OF THE APPLICANT.

FULL NAME OF THE STUDENT.

SURNAME FIRST ----- OTHERS -----

DATE OF BIRTH ID No.....(Attach photocopy)

GENDER: FEMALE () MALE ()

STUDENT TEL. NO..... EMAIL ADDRESS.....

HOME ADDRESS: VILLAGE SUB-LOCATION

LOCATION WARD.....

COUNTY-----

PART 3: PROGRAME OF STUDY.

NAME OF THE PROGRAM

DEGREE DIPLOMA. YEAR OF STUDY

YEAR OF ADMISSION ADMISSION NO.

MODULE FULL TIME PART TIME/EVENING CLASSES

PART 4: PARTICULARS OF PARENTS/GUARDIANS.

1. Father’s details (whether living or deceased)

(a) FULL NAME

(b) MARITAL STATUS Married Divorced Widower
Single (tick where appropriate)

© Tel. NOID/NO(Attach copy)

(a) Alive Deceased (Attach Death Certificate)

Occupation..... Monthly salary (Kshs)

If not employed estimate monthly income (Kshs.)

NOTE: If single/divorced attach report from the chief.

2. Mothers Details (whether living or deceased)

(a) FULL NAME

(b) MARITAL STATUS Married Divorced Widower
Single (tick where appropriate)

c) Tel. NOID/NO (Attach copy)

(b) Alive Deceased (Attach Death Certificate if deceased)

Monthly salary

If not employed estimate monthly income (Kshs.)

NOTE: If single/divorced attach report from the chief.

3. Guardians Details

(a) FULL NAMES

b) Tel. NOID/NO (Attach copy)

Occupation..... Monthly salary (Kshs)

If not employed estimate monthly income (Kshs.)

PART 5: SCHOOL FEES PAYMENT MODE.

Total fees payable per year (Kshs.)

Loan amount granted by HELB this year (Kshs.)

Bursary granted by HELB (Kshs.) CDF (Kshs.)

other (Kshs.)

Amount required elsewhere (Kshs.)

Outstanding fee balance (Kshs.)

(Attach current student fees statement certified by the student finance officer)

PART 6: INFORMATION ON APPLICANT’S BROTHERS AND/OR SISTERS.

Brothers and sisters who are in school

No.	Name	Institution	Programme	Year of Study	Fee Expenditure Per Year
1.					
2.					
3.					
4.					

PART 7: DECLARATION

(a) Student’s declaration

I declare that to the best of my knowledge the information given herein is true.

Name Signature.....Date

(b) Parents/Guardian declaration

I declare that I have read the information provided in this form/the information provided in this form has been read to me and I hereby confirm that it is true to the best of my knowledge.

Name Signature.....Date

PART 8: REFEREES CONFIRMATION: MANDATORY

(a) Confirmation by the chief or the sub-chief

Comments on the status of the family/parents.

.....
.....
.....

I certify that I know the applicant and his/her back ground and do confirm that the information provided in this form is correct to the best of my knowledge.

Name Signature Date

Designation Official stamp Tel. No.....

(b) Confirmation by Religious leader

I certify that I know the applicant and his/her background and do confirm that the information provided in this form is correct to the best of my knowledge.

.....
.....
.....

Name Signature Date

Church organization Tel. No

Official stamp

PART 9: NECESSARY ATTACHMENTS

- a) Proof documents of income sources for parents and/or guardians
- b) National identity card copy of father
- c) National identity card copy of mother
- d) Death certificate/s if parent/s is/are deceased
- e) National identity card copy of guardian
- f) Applicant’s identity card copy.
- g) Affidavit from commissioner of oaths (see part 10 below).

PART 10: AFFIDAVIT FROM COMMISSIONER OF OATHS

Certifying income sources of parents and/or guardians guided by part 9 (a) above.

PART 11: FOR OFFICIAL USE ONLY (By the Bursary Committee Secretariat)

- a) Has the Bursary form been properly filled?
- b) Have the necessary documentary evidence (see part 9) above been attached
- c) Has the student/parent/guardian provided the Name, ID card number and telephone for communication in case of award or further clarification?
- d) Has the current fee statement/balance been provided?

Received by Registrar, ASA

.....
<i>Name</i>	<i>Sign</i>	<i>Date</i>

PART 12: FOR OFFICIAL USE ONLY (By the Bursary Committee)

Recommendation by the Bursary committee;

- I) Recommends, amount recommended Kshs.....
 Amount in words
- II) Does not recommend
 Reasons.....

 Secretary's signature Date
- Chairman's signature Date

PART 13: APPROVAL BY CHAIR OF SENATE

.....
<i>Name</i>	<i>Designation</i>	<i>Sign</i>	<i>Date</i>