KENYATTA UNIVERSITY
INTERNAL BURSARY APPLICATION FORM

INSTRUCTIONS

1. Bursary funds are designed to assist needy students who have explored all other avenues of financial assistance and still have unmet financial need.
2. All parts of the application form must be completed in full for your application to be considered.
3. Completed bursary application forms are to be submitted within the stipulated time on the Office of the Director, Student Affairs located in Business & Students' Services Centre (BSSC), 1st Floor, Room 132.
4. Attach the relevant documents to support your application (e.g. death certificate, evidence of previous financial support etc.).
5. Attached copies of your Birth Certificate, National Identification Card and Secondary School Leaving Certificate.
6. Attach certified fee statement
7. Attach current result slip.

PERSONAL INFORMATION

Name: _____ Registration No. _____

School: _____ Year of study e.g. 2nd _____

Degree Programme: _____ Campus: _____

Date of Birth: _____ Mobile No_____

E-Mail Address: _____

Name of Parent/Guardian: _____ Tel. No. _____

Gender: Male ☐ Female ☐

Fill in the following information.

1. Indicates with a tick whether you are KUCCPS ☐ SPP ☐
2. (a) Are you on HELB loan? Yes ☐ No ☐

(b)If No, explain why _____

3. Tick against the financial assistance you have ever received.

   (a) High School Bursary ☐

(b) Ministry of Education Bursary ☐

(c) Community Based Organization Support ☐

(d) Faith Based Organization Support ☐

(e) Children's Home/Orphanage Support ☐

(f) CDF ☐

(g) Others (Please specify)_____

4. Indicate with a tick your family status

(a) Total Orphan ☐ (b) Single Parent Orphan ☐ (c) Single Parent ☐

(d) Separated/Divorced Parent ☐ (e) Both Parents ☐

5. (a) Do you have any special needs? Yes ☐ No ☐

(b) If yes, please tick accordingly and attach relevant documents.

(a) Visual impairment (b) Healing impairment

(c) Physically challenged (d) Cerebral Palsy

(d) Others (please specify)_____

6. (a) Have your family experienced loss of income? Yes ☐ No ☐

(b) If yes, indicate appropriately.

(a) Retirement ☐

(b) Retrenchment ☐

(c) Incapacitation ☐

(c) Loss of Job ☐

(d) Others (please specify) _____

7. (a) Do you have fee balance? Yes ☐ No ☐

(b) If yes, please attach certified fee statement

8. Use the space below to provide any other information that may support your application.

_____

_____

_____

_____

ATTACH RELEVANT DOCUMENTS TO SUPPORT YOUR APPLICATION

DECLARATION

I _____declare that the information I have provided is true and I understand that giving false information will lead to disqualification and disciplinary action.

Signature Date: