



SCHOLARSHIP APPLICATION FORM

INSTRUCTIONS TO THE APPLICANT

The form is to be completed in triplicates

Applicants must be form four leavers.
Applicants must be qualified for Bachelors Degree programme.
Applicants must be applying to study in Mount Kenya University.
Scholarship will be awarded on the basis of the following eligibility criteria:

- i) Academic Competence
- ii) Economic Background
- iii) Gender Disparity
- iv) Talent
- v) Community Service
- vi) Leadership Ability
- vii) Recommendation Letters

Please note that any false information given will lead to automatic disqualification.

SECTION A: (To be filled by students)

NAME.....ID / Passport/ Birth Certificate .NO.....

COURSECAMPUS.....

MODE OF STUDY (✓) Tick as appropriate Regular () School Based ()
Evening () Other () Specify.....

Age..... Sex (F)/ (M) Year of Study..... Intake month and year.....

Duration of Study..... Completion date.....

CONTACTS: Postal Address.....cell phone.....
e-mail.....

Tuition fee per year:In words.....

PLACE OF RESIDENCE during period of study

SECTION B: To be filled by Parent/Guardian

GUARDIAN'S FULL NAMES..... ID.NO.....

CELL PHONE.....

RESIDENCE.....OCCUPATION.....

HOME ADDRESS.....E-MAIL.....

RELATIONSHIP TO THE GUARDIAN:

MARITAL STATUS: MARRIED (✓) SINGLE (✓)

Justification for assistance (brief)

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SECTION C: (This section to be filled by Assistant Chief or Chief and District Education Officer)

NAME OF THE ASSISTANT CHIEF OR CHIEF LOCATION.....

CONTACT ADDRESS.....E-MAIL.....CELL
PHONE.....

OFFICE PHONE.....

Brief information about the eligibility of the applicant and about the guardian (e.g. how long you have known the person, character, level of need etc.)

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SIGNATURE.....DATE.....STAMP.....

NAME OF THE COUNTY WARD
REPRESENTATIVE.....

CONTACT.....EMAIL.....CELLPHONE.....
..... WORKPHONE.....PHYSICAL
ADDRESS.....

Brief information about the eligibility of the applicant and about the guardian (e.g. how long you have known the person, character, level of need etc.)

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SIGNATURE
.....DATE.....STAMP.....

NAME OF THE DISTRICT EDUCATIONAL OFFICER.....

NAME OF THE COUNTY:

Brief information about the eligibility of the applicant

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SIGNATURE.....DATE.....STAMP.....

SECTION D: FINANCE DIRECTOR

NAME.....SCHOOL.....DEPARTMENT.....
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COMMENT ON THE APPLICANT'S
ELIGIBILITY.....

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SIGNATURE.....DATE.....

STAMP:

Please confirm year of study, course pursued, probable date of completion and the campus

OFFICIAL USE : FINAL REMARK//RECOMMENDATION.

RECEIVED

BY:.....

SIGNATURE AND STAMP OF THE OFFICIAL

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DATE.....

INTERVIEW RESULTS:

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RECOMMENDATIONS OF THE UNIVERSITY SCHOLARSHIP COMMITTEE CHAIRMAN

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