



Passport
photograph

**KENYATTA UNIVERSITY
FINANCIAL AID OFFICE**

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NAIROBI, KENYA
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APPLICATION FOR OVS SCHOLARSHIP 2013

This form must be completed before one can be considered for financial assistance. Students **MUST**:

1. Be ready to be enrolled into a full time degree programme at Kenyatta University.
2. Have a genuine need for Financial Assistance.
3. Submit duly filled submission application form with certified copies of certificates and academic transcripts.

Print in ink or type all answers clearly and completely. Indicate N/A if a question is not applicable.

Disclaimer

Any student or person filling this Application form and knowingly gives false or misleading information whether in writing or by attaching herein the false document (s) shall lead to automatic disqualification.

PART A: STUDENT PERSONAL DETAILS

a. Name: _____
Last
First
Middle

b. Provide **EITHER**
 (i) KU Application Form No (for new applicants). _____
OR
 (ii) KU Admission No. _____ (attach admission letter)

c. Gender: Male: Female:

d. Date of Birth: _____

e. Special needs:
 Visually Challenged Physically Challenged Other (specify) _____

f. Name of High School: _____

g. KCSE grade attained: _____ (attach results)

h. Address: P.O. Box: _____ County: _____

Mobile Telephone Number: _____ E-mail address: _____

i. Why do you feel you need an OVS Scholarship?

PART B: PARENTS DETAILS

1. Indicate if you are from: Single Parent Both Parents

2. FATHER	3. MOTHER
a) Is your Father alive? Yes <input type="checkbox"/> No. <input type="checkbox"/>	a) Is your Mother alive? Yes <input type="checkbox"/> No. <input type="checkbox"/>
b) If no , give date of death; _____ <i>(Attach Death Certificate)</i>	b) If no , give date of death; _____ <i>(Attach Death Certificate)</i>
c) If yes in (a) above, please fill below	c) If yes in (a) above, please fill below
d) If yes give his age; _____	d) If yes give her age; _____
e) Name: _____ ID/No. _____	e) Name: _____ ID/No. _____
f) Occupation: _____	f) Occupation; _____
g) Name and address of employer (s)	g) Name and address of employer (s)
h) If retired give name (s) and address of last employer (s); _____ Year of retirement: _____	h) If retired give name (s) and address of last employer (s); _____ Year of retirement: _____

4. GUARDIAN/SPONSOR

- a) Name: _____ b) Telephone: _____
- c) ID/ No: _____ d) Occupation: _____
- e) Name and address of employer: _____
- f) If self employed specify nature of self employment : _____

PART C: INFORMATION ABOUT FINANCIAL STATUS

NOTE: Financial Aid at Kenyatta University is limited due to the large number of students applying for assistance and is therefore only awarded to students who are in genuine financial difficulties.

1. (a) Gross family income in the last 12 months

ITEM	FATHER	MOTHER	GUARDIAN/ SPONSOR	TOTAL
Gross income from employment (Salary or Pension)				
Income from Business e.g. Shop, Hotel, Matatu.				
Income from farming e.g. Crops, Livestock, Fishing.				
Income from other sources e.g. Shares, Dividends, Interest				
Income from Harambee and Donations.				
Others e.g.CDF, HELB, NGO				
TOTAL				

(b) Applicant's Siblings in Educational Institution (Please include documentary evidence)

CHILD'S NAME	INSTITUTION NAME	YEAR OF STUDY	EXPECTED EDUCATION EXPENDITURES
1.			
2.			
3.			
4.			
5.			
6.			
TOTAL			

(c) Number and age of siblings not in school _____

PART D: ADDITIONAL INFORMATION

(a) Have you received any other financial assistance before? E.g. High School Bursary Yes No

If yes, please specify _____

(b) How will the degree enable you to achieve your full potential?

(c) Why do you feel you need this scholarship?

CERTIFICATION

I hereby certify that all the information I have provided on this form and all supplementary forms is true, correct, and complete. I hereby authorize Kenyatta University or its representatives to obtain such additional information concerning my educational programme and financial records needed to complete processing of this application. It is also my understanding that Kenyatta University, may, as it seems appropriate, release to others who may be considering me for financial assistance or making decisions relating to my educational plans, information concerning the amount of any award I may receive.

Applicant signature: _____ **Date:** _____

Name: _____ **Signature:** _____ **Date:** _____

Note: The filling of an application form for Financial Aid from Kenyatta University, does not guarantee that the applicant will receive Aid.

FOR OFFICIAL USE ONLY

Date Received _____ Receiving officer _____ Signature _____

Notes:
