



## MKU INTERNAL SCHOLARSHIP 2025 APPLICATION FORM

### INSTRUCTIONS TO THE APPLICANT

- i) The scholarship is open to ALL students studying at Mount Kenya University (any campus or center) irrespective of their Nationality or mode of study
- ii) The applicant must be an UNDERGRADUATE student (Certificate/Diploma/Degree level)
- iii) Applicants MUST have completed one ACADEMIC YEAR at MKU.
- iv) This application form MUST be filled accurately and completely.
- v) The applicant MUST attach certified copies of academic transcripts.
- vi) Copies of ALL ADDITIONAL DOCUMENTS required MUST be provided by the applicant.
- vii) The completion and submission of this form is **not a guarantee** of sponsorship.
- viii) Any false statements, omissions or forged documents will lead to automatic disqualification.

### NOTE:

- i. The University Scholarship Management Committee shall conduct a thorough audit on all application.
- ii. The decision of the University Scholarship Management Committee will be final.

### SECTION A: APPLICANT'S PERSONAL DETAILS

#### PERSONAL DATA

#### Full name of Applicant:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Surname: \_\_\_\_\_

Gender: Male: ☐ Female ☐ ID / Passport: \_\_\_\_\_ Admission No: \_\_\_\_\_

COURSE: \_\_\_\_\_ CAMPUS: \_\_\_\_\_

Department: \_\_\_\_\_

Age: \_\_\_\_\_ Year of Study: \_\_\_\_\_ Intake month and year: \_\_\_\_\_

Duration of Study: \_\_\_\_\_ Anticipated completion date: \_\_\_\_\_

Postal Address: P. O Box: \_\_\_\_\_ Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Alternative Mobile No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Physical Address: \_\_\_\_\_ County: \_\_\_\_\_

Ward: \_\_\_\_\_ Location: \_\_\_\_\_ Sub Location: \_\_\_\_\_

Tuition fee for September-December 2025 semester (**DO NOT** include statutory fee): \_\_\_\_ Fee balance (*if any*)  
 \_\_\_\_\_ (Attach certified fee statement)

Who is responsible for paying your school fees? (tick as appropriate): Parent ☐ Guardian ☐ Self ☐

Other sources of school fees: HELB ☐: CDF ☐: County Bursary ☐: Other ☐: (*specify*)  
 \_\_\_\_\_

Physically challenged: Yes ☐ No ☐ *if yes, kindly elaborate and attach the PLWD Ref number/card:*  
 \_\_\_\_\_  
 \_\_\_\_\_

**If the response above is yes, the Coordinator, Persons Abled Differently to confirm student's physical challenge (Associate Dean of Students for Campuses)**

I \_\_\_\_\_ confirm that the applicant **is physically challenged**

Coordinator, Persons Abled Differently / Associate Dean of students' Signature and stamp

### **Talents and abilities**

Do you participate in co-curricular activities/innovation: Yes: ☐ No: ☐

If yes, provide details on highest award (attach certificate) \_\_\_\_\_  
**(MUST have been attained while studying at MKU)**

Leadership: Yes: ☐ No: ☐

If yes, provide details (attach certificate) \_\_\_\_\_  
**(MUST have been attained while studying at MKU)**

### **SECTION B: APPLICANT'S FAMILY INFORMATION**

**Tick appropriately below:**

- a) ORPHAN ☐ (both parents deceased)
- b) PARTIALLY ORPHANED ☐ (One parent deceased)
- c) NOT ORPHAN ☐ (both parents alive)
- d) SINGLE PARENT ☐ (parents separated)

**PARENT'S INFORMATION (THE DEAN OF STUDENTS TO CONFIRM THE DETAILS)****Father's Full Name**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Surname: \_\_\_\_\_

ID / Passport No: \_\_\_\_\_ (please attach copy of ID/passport)

Living: ☐Deceased: ☐ (If deceased, please attach copy of death/Burial Certificate and mark the rest of Father's details as Not Applicable)

Physical Address: \_\_\_\_\_ County: \_\_\_\_\_

Ward: \_\_\_\_\_ Location: \_\_\_\_\_ Sub Location: \_\_\_\_\_

Postal Address: P. O Box: \_\_\_\_\_ Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Source of Income: \_\_\_\_\_

**Mother's Full Name**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Surname: \_\_\_\_\_

ID / Passport No: \_\_\_\_\_ (please attach copy of ID/passport)

Living: ☐Deceased: ☐ (If deceased, please attach copy of death/Burial Certificate and mark the rest of Mother's details as Not Applicable)

Physical Address: \_\_\_\_\_ County: \_\_\_\_\_

Ward: \_\_\_\_\_ Location: \_\_\_\_\_ Sub Location: \_\_\_\_\_

Postal Address: P. O Box: \_\_\_\_\_ Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Source of income: \_\_\_\_\_

Are your parents living together? Yes ☐ No ☐**GUARDIAN INFORMATION (If not living with your parents)**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Surname: \_\_\_\_\_

ID / Passport No: \_\_\_\_\_ Relationship with applicant: \_\_\_\_\_

Physical Address: \_\_\_\_\_ County: \_\_\_\_\_

Ward: \_\_\_\_\_ Location: \_\_\_\_\_ Sub Location: \_\_\_\_\_

Postal Address: P. O Box: \_\_\_\_\_ Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Source of income: \_\_\_\_\_

**CONFIRMATION BY THE DEAN OF STUDENTS**

This is to confirm that the applicant's information on the parent's status is correct as here above provided

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Students

**SIBLING INFORMATION**

List all your brothers and sisters (excluding yourself) starting with the oldest and state what each is doing.  
(If working, describe job. If in university state so; If in school, state the form or grade; If in training describe it)

	Name	Age	School/Employer	Class/Position in Employment
1.				
2				
3				
4.				
5.				
6.				
7.				
8.				

Disabilities or sickness of any sibling requiring specialized medical care (Describe):

---



---



---



---

Other helpful information on any family member:

---



---



---



---

**SECTION C: APPLICANT'S EVIDENCE OF NEED****APPLICANT'S INFORMATION**

<b>Indicator</b>	<b>Description</b>
Why are you applying for a scholarship	
Have you received any financial support/bursaries in the past? If yes, please provide details	
Do you suffer from any chronic illness that requires constant medication? If yes, kindly describe and provide evidence	

Who do you live with during University holidays? Parent[s]: ☐ Guardian[s]: ☐ Other: ☐ Specify:

---

**PARENTS'/GUARDIANS' INFORMATION**

<b>Indicator</b>	<b>Father/Male Guardian</b>	<b>Mother/Female Guardian</b>
Age of your parents/guardians		
Does any of your parents/guardians have any disability? Describe the disability		
Does any of your parents/guardians suffer from chronic disabling medical condition? Describe.		
Are your parents/guardians employed? Give details of job and salary per month		
Estimated MONTHLY income for parents/guardians not employed		

**SECTION D: DECLARATIONS****APPLICANT'S DECLARATION**

I, \_\_\_\_\_ declare that the information given above is true to the best of my knowledge and I am aware that giving false representation will mean that my application will not be considered and will lead to automatic disqualification and a disciplinary case. I authorize MKU Foundation or its representatives to obtain such additional information concerning my education and financial records as needed to verify this scholarship application. I also agree to abide by the decision of the university scholarship vetting committee.

National ID No: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT'S/ GUARDIAN'S DECLARATION**

I confirm that the information given above is true to the best of my knowledge and I am aware that giving false representation will mean that this application will not be considered and will lead to automatic disqualification. On behalf of my child, I authorize MKU Foundation or its representatives to obtain such additional information concerning this applicant's education and financial records as needed to verify this scholarship application.

Parent's/Guardian's

Name: \_\_\_\_\_

ID No: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION E: MKU FINANCE DIRECTOR/CAMPUS ACCOUNTANT**

Current Fee balance (Ksh) \_\_\_\_\_ Subsequent Semester fee (Ksh) \_\_\_\_\_

**COMMENT ON THE APPLICANT'S ELIGIBILITY**


---



---



---



---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Stamp:

*Please confirm the applicant's fee balance*

**SECTION F: RECOMMENDATIONS**

This part must be completed by the relevant authorities indicated. Any false information will lead to disqualification.

**1. Applicant's Area (Assistant Chief or Chief)**

How long have you known the applicant/family? \_\_\_\_\_

Rate the applicant's financial ability ☐ Very Rich ☐ Rich ☐ Middle Income ☐ Poor ☐ Very Poor

	Yes	No
Orphaned	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardians are employed	<input type="checkbox"/>	<input type="checkbox"/>
Explain any additional information		

I have reviewed the information in this form and believe it to be truthful. The above named student is a resident of my Location/Sub-Location. Based on my knowledge and/or inquiries, I affirm that he/she is needy/vulnerable.

Name: \_\_\_\_\_ Signature & Official Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

Postal Address: P. O Box: \_\_\_\_\_ Town/City: \_\_\_\_\_ Location (Chief): \_\_\_\_\_

**Sub-Location (For Assistant Chief)**

Mobile No: \_\_\_\_\_

**2. Religious Leader (This section is to be signed by applicant's Religious Leader)**

How long have you known the applicant/family? \_\_\_\_\_

Rate the applicant's financial ability ☐ Very Rich ☐ Rich ☐ Middle Income ☐ Poor ☐ Very Poor

	Yes	No
Orphaned	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardians are employed	<input type="checkbox"/>	<input type="checkbox"/>
Explain any additional information		

I have reviewed the information in this form and believe it to be truthful. The above named student is a

member of my church. Based on my knowledge and/or inquiries, I affirm that he/she is needy/vulnerable.

Name: \_\_\_\_\_ Signature & Official Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

Postal Address: P. O Box: \_\_\_\_\_ Town/City: \_\_\_\_\_ County: \_\_\_\_\_

Sub-County: \_\_\_\_\_

Mobile No: \_\_\_\_\_

**SECTION G: SUBMISSION CHECKLIST**

- |  |                          |
|--|--------------------------|
| 1. Duly <u>completed</u> and <u>signed</u> application form          | <input type="checkbox"/> |
| 2. Copy of Student ID  | <input type="checkbox"/> |
| 3. Certified academic transcripts/results slip                       | <input type="checkbox"/> |
| 4. Certified fee statement   | <input type="checkbox"/> |
| 5. Copy of parent ID/Passport (If deceased death/burial certificate) | <input type="checkbox"/> |
| 6. Emailed soft copy of application form and attachments             | <input type="checkbox"/> |



**SECTION H: SUBMISSION OF APPLICATION**

Submission of application form must be in **soft copies** by **Friday, 16<sup>th</sup> May 2025; 1700hrs.**

Duly filled application forms to be submitted in soft copies as follows:

The applicant must scan and produce electronic copies of the Application Form and the necessary attachments and mail them to:

**Email address:** [mkufoundation@mku.ac.ke](mailto:mkufoundation@mku.ac.ke)

**Email Subject:** MKU INTERNAL SCHOLARSHIP 2025

For more information, contact the overseer, MKU Foundation on +254709153142.

**OFFICIAL USE: FINAL REMARK//RECOMMENDATION.**

RECEIVED BY: \_\_\_\_\_

SIGNATURE AND STAMP OF THE OFFICIAL

\_\_\_\_\_

DATE: \_\_\_\_\_

VETTING RESULTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECOMMENDATIONS OF THE SCHOLARSHIP MANAGEMENT COMMITTEE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

