

LAIKIPIA



UNIVERSITY



BURSARY FORM

Student Information

First Name _____ Middle name _____ Last Name _____

Address of student: _____

Phone number: _____

Email address: _____

Date of birth: _____

Identification Number: _____

Registration Number: _____

Course name: _____

Department: _____

Year and semester: _____

Guardian/Parents

First Name _____ Middle Name _____ Last Name _____

Identification No of parent: _____

Occupation: _____

Salary: _____

Others

Fee balance: _____

Are you awarded helb loan? _____

If yes, how much? _____

Do you receive bursary from the government? _____

If yes, how much? _____