



BLESSING INSTITUTE OF PROFESSIONAL STUDIES

APPLICATION FORM

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM. COMPLETE ALL APPROPRIATE SECTIONS IN CAPITAL/BLOCK LETTERS

Registrar Academic Administration Office

P.O. Box 340 KANGEMI, KENYA

Tel: +254 704094393/0705631531

Email: blessinginstitute84@gmail.com

PLEASE WRITE IN CAPITAL LETTERS.

1. APPLICANT'S DETAILS

FULL NAMES (as per secondary school certificates or its equivalent)					
TITLE	MR []	MRS []	MS []	GENDER Male []	Female []
DATE OF BIRTH		NATIONALITY.		NATIONAL ID/PASSPORT NO.	
COUNTY		SUB-COUNTY		LOCATION	
*COUNTRY OF RESIDENCE					

2. PERMANENT ADDRESS

P.O.BOX		EMAIL	
MOBILE PHONE		*CITY/TOWN	

3. PARENT/GUARDIAN INFORMATION

NAME OF THE FATHER:	PHONE NUMBER:	OCCUPATION:	DECEASED/ ALIVE
NAME OF THE MOTHER:	PHONE NUMBER:	OCCUPATION:	DECEASED/ ALIVE
NAME OF THE GUARDIAN:	PHONE NUMBER:	OCCUPATION:	

4. EMERGENCY CONTACTS

NAME:	PHONE NUMBER:	OCCUPATION:	RELATIONSHIP
NAME:	PHONE NUMBER:	OCCUPATION:	RELATIONSHIP

5. EDUCATIONAL BACKGROUND:

a. Secondary Education

INSTITUTIONS ATTENDED	FROM (YEAR)	TO (YEAR)	CERTIFICATE AWARDED	MEAN GRADE

b. Post-Secondary Education (If Any)

INSTITUTIONS ATTENDED	FROM (YEAR)	TO (YEAR)	CERTIFICATE/DEGREE AWARDED	CLASSIFICATION

6. EDUCATIONAL PLANS (tick as appropriate)

i.	PROGRAMME LEVEL	Diploma [] Certificate [] Artisan [] Home Care []
ii.	PROGRAMME NAME	Teaching Subjects / Specialization <i>(Where Applicable)</i>
iii.	MODE OF STUDY	Regular [] Evening [] Weekends [] Distance, Institution – Based and Electronic Learning (DIBel) [] Open, Distance and Electronic Learning (ODEL) []
iv.	PREFERRED INTAKE	January [] April [] May [] August [] September [] December []

7. CAMPUS WHERE STUDY WILL BE UNDERTAKEN (For ODEL Mode, Campus where Examinations will be done).

MAIN CAMPUS - KANGEMI	KAWANGWARE []	KIKUYU []
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8. FINANCING OF STUDIES.

Please Tick SELF []	PARENTS/GUARDIAN []	ORGANIZATIONS []	OTHER SPONSORSHIP []
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9. HOBBY

PREFERRED SPORT	
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10. a) DO YOU HAVE ANY FORM OF DISABILITY? Tick Appropriately

Physical disability [] Visual impairment [] Hearing Impairment [] Mental health conditions (e.g. Bipolar) []
Autism Spectrum Disorder [] Dwarfism [] Other [] Specify

b) IS THERE ANY OTHER CONDITION YOU NEED TO BRING TO THE ATTENTION OF THE COLLEGE THAT MAY REQUIRE SPECIAL ATTENTION?

Please Provide Details;

11. INDICATE HOW YOU LEARNT ABOUT BLESSING INSTITUTE OF PROFESSIONAL STUDIES

Radio [] Television [] Newspapers [] Friends/ referral [] Exhibitions [] Teachers [] Prospectus [] College Website [] Social media []

12. DECLARATION

I consent that information on my conduct, fees status and academic progress may be made available to my parent/guardian/sponsor as appropriate.

13. ATTESTATION.

I hereby certify that the information given in this application is correct and complete to the best of my knowledge, and hereby give my permission to the admissions office to obtain any verification deemed necessary to process my application. I further certify that I will arrange for the forwarding of official transcripts as requested in the instructions, and that transcripts become the property of Blessing Institute and will neither be forwarded to another institution nor returned to me. I will include with this application my application fee receipt and other documents as required in the application instructions.

Signature: Date:

Sign your application form before returning it to Blessing Institute of Professional Studies.

APPLICATION CHECKLIST

1. Duly filled and signed application form
2. Copies of all academic certificates (Secondary school certificates and Primary School).
3. One (1) recent passport size photograph (write your name on reverse side)
4. Copy of national I.D/Passport/Birth Certificate.
5. An official translation of academic records (where language of study is not English e.g. Arabic)

Application fee is payable through

**EQUITY BANK ACC NO: 1370277605301 KANGEMI BRANCH,
ACCOUNT NAME: BLESSING INSTITUTE OF PROFESSIONAL STUDIES.**

NOTE: NO CASH PAYMENT STRICTLY THROUGH THE ABOVE BANK ACCOUNT

* Money once paid is not refundable.

REGISTRATION: Students should be registered for classes prior to the beginning of any semester to attain the required class attendance. As a new student, you will be guided on the registration procedures during the registration/orientation period.

ONLY DULY FILLED APPLICATION FORMS WILL BE PROCESSED.

FOR OFFICIAL USE ONLY

APPLICATION NO: FEES RECEIPT NO./ CHEQUE NO.....

DATE: NAME:

SIGNATURE

BLESSING INSTITUTE OF PROFESSIONAL STUDIES RESERVES THE RIGHT OF ADMISSION.

More information may be obtained from the Office of the Registrar, Academic Administration.