



**KENYATTA UNIVERSITY**  
**FINANCIAL AID OFFICE**

**Passport  
photograph**

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**NAIROBI, KENYA  
E-mail: financial-aid@ku.ac.ke**

**APPLICATION FORM FOR OVS CONTINUING STUDENTS 2017/2018 ACADEMIC YEAR**

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

1. Be enrolled into a full time degree programme at Kenyatta University.
2. Have a genuine need for Financial Assistance.
3. Be a full time student during any Semester in which assistance is received.
4. Must have National ID

Fill the form 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.*

***NOTE: This scholarship covers 25% tuition fee only.***

**PART A: STUDENT PERSONAL DETAILS**

- a. Name: \_\_\_\_\_  
**Surname** **First** **Middle**
- b. KU Student Adm. No. \_\_\_\_\_ Degree (e.g. B A): \_\_\_\_\_ Year of Study: \_\_\_\_\_
- c. Indicate your **two semester** sessions: **Semester 1** **Semester 2** **Semester 3**  
Sept to Dec ☐ Jan to April ☐ May to August ☐
- d. Number of semesters remaining to complete degree: \_\_\_\_\_
- e. Number of semesters called off: (**Attach evidence**) \_\_\_\_\_
- f. Gender: Male: ☐ Female: ☐
- g. Date of Birth: \_\_\_\_\_
- h. ID NO. \_\_\_\_\_ (attach copy)
- i. Special needs:
- j. Visually Challenged ☐ Physically Challenged ☐ Other (specify) ☐

k. University Academic performance: Average Grade \_\_\_\_\_ ( *attach KU result slips*)

l. Address: P.O. Box: \_\_\_\_\_

m. County: \_\_\_\_\_

n. Mobile Number: \_\_\_\_\_

o. Alternate Mobile No. \_\_\_\_\_

p. E-mail address: \_\_\_\_\_

**PART B: PARENTS DETAILS**

Indicate if you are from: Single Parent ☐

Both Parents ☐

1. FATHER	2. 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 <b>no</b> , give date of death; _____ ( <i>Attach Death Certificate</i> )	b).....If <b>no</b> , give date of death; _____ ( <i>Attach Death Certificate</i> )
c) If <b>yes</b> in (a) above, please fill below	c) If <b>yes</b> 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: _____

**3. GUARDIAN/SPONSOR/NEXT OF KIN**

a) Name: \_\_\_\_\_ b) Mobile Telephone : \_\_\_\_\_

c) ID/ No: \_\_\_\_\_ d) Occupation: \_\_\_\_\_

e) Name and address of employer: \_\_\_\_\_

### **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				
<b>TOTAL</b>				

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

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

(c) Number and age of siblings not in school \_\_\_\_\_

### **PART D: ADDITIONAL INFORMATION**

(a) Indicate the Financial Aid you have received from KU

SN	SOURCE	YES/NO	HOW MANY TIMES APPLIED	HOW MANY TIMES RECEIVED
1	KU Internal Bursary			
2	Somesha Mwenzako Bursary			

3	OVS Scholarship			
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(b) Apart from the Financial Assistance you are applying for at Kenyatta University have you applied for any other scholarship(s)    Yes: ☐    No: ☐

If yes, please specify;

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### **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:** \_\_\_\_\_

**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 \_\_\_\_\_