

ELDORET TOWN CAMPUS
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ELDORET
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## TROPICAL COLLEGE OF MANAGEMENT (TCM)

IN COLLABORATION WITH UNIVERSITY OF ELDORET

## OFFICE OF THE PRINCIPAL

## PARTIAL SCHOLARSHIP APPLICATION FORM INTAKE: MAY & AUGUST 2017

PERSONAL DETAILS OF THE APPLICA	NT	
Name		
Surname	Last name	others
Date of birth DD N	MM YY	
County:D	istrict:l	Location:
Academic Qualification		
K.C.S.E Grade:	Year of completion	
K.C.P.E Marks:	Year of completion	
COURSE APPLIED FOR:		•••••
Recommendation for Partial Scholar Administration (Chief/Assistant Chief	<del></del>	
Name	Sign	Official Stamp
Religious Leader		
Name	Sign	Official Stamp
rame	3.8.1	Official Starrip
Both parents alive	Single Parent	Orphan
Note: a) Attach this form with copies of ID, b) Attach 400 words essay on why yo For Official Use		itten)
Approved	Not Approved	
Amount Waved	Sign:	

**BOM (DIRECTOR)**