



**Serial Number**

**17181000001**

**HIGHER EDUCATION LOANS BOARD**

**UNDERGRADUATE LOAN  
APPEAL / REVIEW FORM**

**2017/2018**

**CAUTION**

Any person or student who when filling a scholarship application form, knowingly makes a false statement whether orally or in writing relating to any matter affecting the request for a scholarship shall be guilty of an offence and shall be liable to a fine of not less than Kenya Shillings Thirty thousand (Ksh. 30,000) or to imprisonment for a term of not less than three years (Section 13 (3) of the Higher Education Loan Board Act (CAP 213A)).

**Applicant's Personal Details**

<b>Full Name :</b>	Shadrack Wabomba Wanyonyi	<b>Loan Serial No. :</b>	17181000001
<b>Nat. ID. No. :</b>	56534634	<b>Institution Name :</b>	Kenyatta University
<b>Phone No. :</b>	+254709666666	<b>Email Address :</b>	wsati@live.com
<b>Loan Awarded :</b>	KShs. 0.00	<b>Bursary Awarded :</b>	KShs. 0.00

**Loan Appeal Details**

**Personal Details**

If disabled, attach certification from National Council for Persons with Disability and School's Medical Officer  
If orphaned, attached death certificate if you have not provided them before

<b>Disability</b>	<b>Narration</b>
None	
<b>Parents' Marital Status</b>	<b>Mother's Death Cert. No.</b>
Only Father Alive	64565464

**Primary Education**

If sponsored, attach letters from sponsor & school

<b>School Type</b>	<b>Annual Fees</b>	<b>Sponsored</b>	<b>Sponsorship Reason</b>
Public	KShs. 24,000	Yes	Poverty

**Secondary Education**

If sponsored, attach letters from sponsor & school

<b>School Type</b>	<b>Annual Fees</b>	<b>Sponsored</b>	<b>Sponsorship Reason</b>
Public	KShs. 0	No	Not Applicable

**Declarations**

**Applicants Declaration**

I declare that the information given herein is true to the best of my knowledge. I also understand that this is a loan that must be repaid.

Signature: ..... Date: .....

**Finance Officer / Financial Aid Officer**

I confirm that the student herein is registered in this university and receives scholarship aid from the following organization(s).

1. .... 2. ....

Fee Balance: ..... Campus: .....

Name of Officer: ..... Signature: ..... Tel: .....

### Dean of Students Certification

The above named applicant and his/her parent/guardian appeared before me and made the solemn declaration that the information given herein is correct.

Name of Officer : ..... Tel : .....

Stamp/Signature: ..... Date : .....

Campus : .....

Additional Comments : .....

