

KIRINYAGA UNIVERSITY BURSARY APPLICATION FORM 2024/25

PART: 1 INSTRUCTIONS TO APPLICANT

1. Kirinyaga University bursary scheme has secured limited funds to support academically performing and financially needy students of the University. Financially able students are not expected to apply.
2. It is an offense to give false information.
3. Applicants are advised to submit certified copies of relevant supporting documents to enable accurate evaluation of their cases.
4. Only duly completed original forms (not photocopies) will be accepted.
5. All forms shall be returned at the Dean of Students' office before the provided deadline.
6. Successful applicants will have the awarded bursary paid directly to the University.
7. Applicants are advised to read the KyU bursary scheme policy before filling the bursary form (available on KyU website).

PART: 2 PARTICULARS OF THE APPLICANT.

FULL NAME OF THE STUDENT.

SURNAME FIRST ----- OTHERS -----

DATE OF BIRTH ID No.....(Attach photocopy of Birth Certificate)

GENDER: FEMALE () MALE ()

STUDENT TEL. NO..... EMAIL ADDRESS.....

HOME ADDRESS: VILLAGE SUB-LOCATION

LOCATION WARD.....

COUNTY-----

PART 3: PROGRAMME OF STUDY.

NAME OF PROGRAM

DEGREE DIPLOMA. YEAR OF STUDY

YEAR OF ADMISSION ADMISSION NO.

MODULE FULL TIME PART TIME/EVENING CLASSES

PART 4: PARTICULARS OF PARENTS/GUARDIANS.

1. Father's details (whether living or deceased)

(a) FULL NAME

(b) MARITAL STATUS Married Divorced Widower
Single (tick where appropriate)

© Tel. NO ID/NO(Attach copy)

(a) Alive Deceased (Attach Death Certificate)

Occupation..... Monthly salary (Kshs)

If not employed estimate monthly income (Kshs.)

NOTE: If single/divorced attach family background/status letter from the chief.

2. Mothers Details (whether living or deceased)

(a) FULL NAME

(b) MARITAL STATUS Married Divorced Widower
Single (tick where appropriate)

c) Tel. NO ID/NO (Attach copy)

(b) Alive Deceased (Attach Death Certificate if deceased)

Monthly salary

If not employed estimate monthly income (Kshs.)

NOTE: If single/divorced attach family background/status letter from the chief.

3. Guardians Details

(a) FULL NAME

b) Tel. NO ID/NO (Attach copy)

Occupation..... Monthly salary (Kshs)

If not employed estimate monthly income (Kshs.)

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PART 5: SCHOOL FEES PAYMENT MODE.

- a. Total fees payable per year (Kshs.)
- b. Loan amount granted by HELB this year (Kshs.).....
- d. Upkeep amount granted by HELB (Kshs.)
- e. Bursary granted by HELB /CDF (Kshs.)
- f. Scholarship/tuition awarded by HEF (Kshs.)
- g. Support from well-wishers/religious organizations/NGO (Kshs.)
- h. Outstanding balance (Kshs.)

(Attach current student fees statement certified by the student finance officer)

PART 6: INFORMATION ON APPLICANT’S BROTHERS AND/OR SISTERS.

Brothers and sisters who are in school

No.	Name	Institution	Programme/level	Year of Study	Fee Expenditure Per Year (Kshs.)
1.					
2.					
3.					
4.					

PART 7: DECLARATION

(a) Student’s declaration

I declare that to the best of my knowledge the information given herein is true.

Name Signature.....Date

(b) Parents/Guardian declaration

I declare that I have read the information provided in this form/the information provided in this form has been read to me and I hereby confirm that it is true to the best of my knowledge.

Name Signature.....Date

PART 8: REFEREES CONFIRMATION: MANDATORY

(a) Confirmation by the home area chief or the home area sub-chief

Comments on the status of the family/parents.

.....
.....
.....

I certify that I know the applicant and his/her back ground and do confirm that the information provided in this form is correct to the best of my knowledge.

NameSignatureDate

DesignationOfficial stamp Tel. No.....

(b) Confirmation by home Religious leader (one who knows this family)

I certify that I know the applicant and his/her background and do confirm that the information provided in this form is correct to the best of my knowledge.

.....
.....
.....

NameSignatureDate

Church organizationTel. No

Official stamp

PART 9: NECESSARY ATTACHMENTS

- a) Proof of income sources for parents and/or guardians
- b) Affidavit from commissioners of oaths (see part 10 below).

PART 10: Affidavit from Commissioners of oaths certifying income sources of parents and/or guardians (as per attached affidavit)

I certify that I have examined the income information provided and confirm that to the best of my knowledge this information is correct.

Name Signature

Date Stamp

Tel. No

PART 11: FOR OFFICIAL USE ONLY (By the Bursary Committee Secretariat)

- a) Has the Bursary form been properly filled?
- b) Have the necessary documentary evidence been attached
- c) Has the student/parent/guardian provided the Name, ID card number and telephone for communication in case of award or further clarification?
- d) Has the current fee statement/balance been provided?

Received by Registrar, ARSA

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Name *Sign* *Date*

PART 12: FOR OFFICIAL USE ONLY (By the Bursary Committee)

Recommendation by the Bursary committee;

- I) Recommends, amount recommended Kshs.....
 Amount in words
- II) Does not recommend
 Reasons.....

- Secretary's signature Date
- Chairman's signature Date

PART 13: APPROVAL BY CHAIRPERSON OF SENATE

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Name *Designation* *Sign* *Date*