

Sr. No.....



KABARAK UNIVERSITY

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size (2x2.5cm)

APPLICATION FOR FINANCIAL ASSISTANCE

(Fill this form and return it to the Dean of Students office for processing)

1. SURNAME NAME _____ OTHERS _____

REGISTRATION NO _____ ID NO. _____

SCHOOL _____ PROGRAM _____

DISTRICT _____ COUNTY _____ CONSTITUENCY _____

DATE OF BIRTH _____ GENDER _____ MARITAL STATUS _____

CAMPUS RESIDENCE BORDER/ DAYSCHOLAR _____

CELLPHONE _____ E MAIL _____

RELIGION _____ CHURCH _____

RELATIONSHIP WITH CHRIST JESUS (tick) Born again ___ Not born a gain ___ Undecided _____

Role in Christian ministry _____

2. PARENT/GUARDIAN/SPONSOR
NAME _____

PROFESSION/OCCUPATION _____

National ID/ PASSPORT _____

CONTACT : CELLPHONE _____ OFFICE LINE _____ E MAIL _____

PARMANENT ADDRESS _____

ACADEMIC INFORMATION

LEVEL	NAME OF INSTITUTION	YEAR FROM	YEAR TO	GRADE	SPONSOR Full/partial/none
PRIMARY					
SECONDARY					
COLLEGE					

Co Curricular Activities (List)

Sports	CLUBS	COMMUNITY SERVICE

Briefly describe your Aims and Goals

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Give evidence on your Involvement In Community Service and Leadership role played

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3. PERSONAL AND FAMILY INFORMATION- Total No. of Family Members_____

NAME OF FAMILY MEMBER(S)	RELATIONSHIP	MARITAL STATUS	AGE	OCCUPATION	INCOME	

4. DETAILS OF SIBLINGS STUDYING (including yourself)

NAME & REG. NO	NAME & ADDRESS OF INSTITUTE	LEVEL	ANNUAL FEE		AMOUNT OF SCHOLARSHIP

5. FINANCIAL INFORMATION (Attach evidence)

FAMILY MEMEBERS EARNING IN A YEAR

Name	Profession	Nature & Business	Name of Employer	Annual Gross Salary/Income
Father:				
Mother:				
Siblings:				
Guardians:				

6. DETAILS OF AGRICULTURAL LAND / LIVESTOCK

	SIZE	LOCATION	APPROX. VALUE	
LAND				
LIVESTOCK OWNED				
CASH CROP				
SUBSISTENCE				

7. TYPE OF HOME(tick) Owned permanent owned temporary Rented

8. DOES THE FAMILY OWN OTHER ASSETS Yes No

Assets	Stocks /bonds	Saving & saving Certificates	Type of Asset	Description of Asset	Annual Income

9. Does the family own any Transport? Yes No

Type of transport (car, motor cycle/others)	Make/model	Engine capacity (c.c)	Registration No.	Ownership

10. Please give details of the following family expenses

- i. Average Electricity Bill (monthly) _____
- ii. Average fuel Bill monthly _____
- iii. Annual Medical Expenses _____
- iv. Annual Education Expenses (sibling & self) _____
- v. Monthly Rent (if living in rented house) _____
- vi. Annual food expenses _____
- vii. Annual travel expenses _____
- viii. Loans taken (with proof) _____
- ix. Other expenses (specify the nature of expenses) _____
- x. Annual Saving _____

11. Please, state how much financial aid you require and why? _____

12. Please provide information of two persons who are not related to you, but they know you and your family eg. Neighbor or family friends etc

1. Name: _____
ID. #: _____
Contact #: _____
Address: _____
Profession: _____

2. Name: _____
ID. #: _____
Contact #: _____
Address: _____
Profession: _____

13. Any additional information you wish to provide that may help us to assess your application.

14. a) Pastor's comments _____

b) Chief of the Location comments _____

15. Any other Financial Assistance you receive -Indicate; (Tick)

CDF	Work study	HELB	TNB	DAAD	Ministry of Education Bursary	UMC	Chancellor	Any other

ATTACHMENT DOCUMENTS

You are required to attach the following documents to this application;

1. PARENT/ GUARDIAN PIN CERTIFICATES 2. PARENT/ GUARDIAN ID COPY 3. YOUR BIRTH CERTIFICATE 4. DEATH CETIFICATES, 5. CHIEFS 'LETTER 6. PASTOR'S LETTER 7. TRANSCRIPTS 8. COPY OF PARENT/GUARDIAN PAYSLIP(S).

UNDERTAKING FOR FINANCIAL ASSISTANCE

The information given in the Financial Assistance Form is true to the best of my knowledge, and I understand that any incorrect information will result in the cancellation of this application and disciplinary action. If any information given in this form is found incorrect or false after grant of financial assistance, the university will stop further assistance and the student will have to refund all payment received and pay a penalty equal to total scholarship amount.

Parents/Guardian Signature Applicant Signature

Name: _____ Name: _____

ID. No. _____ ID. No. _____

Reg. No. _____

OFFICIAL USE ONLY

APPROVED / NOT APPROVED _____

DVC ACADEMIC AFFAIRS

NAME _____ SIGNATURE /DATE _____