

KENYA GOVERNMENT PARTIAL BURSARY APPLICATION FORM

To be completed in duplicate and returned as soon as possible to the above address. It should be accompanied by official transcripts or an official school letter.

All sections must be completed

1. (a) Name of applicant: _____

(b) Date of Birth: _____

(c) Place of Birth: _____

(d) Nationality (citizenship): _____

(e) If Citizen by Naturalization, your registration Number: _____

(f) Passport No: _____ Issued at: _____

On: _____

Month Date Year

(g) Date of arrival in the U.S: _____

2. (a) Father's Name: _____

District _____ Province _____

Age: _____ Occupation: _____

Deceased: _____ Living: _____

(b) Name of sponsor who signed affidavit of support:

Address: _____

Relationship to applicant: _____

3. (a) College/University where currently enrolled:

Address: _____

(b) Current mailing address (please keep us informed of any change in your address)

Telephone: _____

(c) Mark X against your class:

Freshman: _____ Sophomore: _____ Junior: _____

Senior: _____ Master: _____ Doctoral: _____

(d) Course of Study: Field: _____

Major: _____

Minor: _____

(e) Degree Expected: _____

(f) Date of Graduation: _____

4. School Expenses: _____ per academic year

(b) I. Tuition: _____ per academic year

II. Room & Board: _____ per academic year

III. Other (itemized below:

_____ per academic year

_____ per academic year

_____ per academic year

_____ per academic year

(c) Amount which applicant can raise (State sources below: -

I Scholarship \$ _____

II. Family \$ _____

III Work \$ _____

IV. Other \$ _____

V Total amount available from above and all other sources:

VI \$ _____

Amount requested: \$ _____

Applicant's signature: _____

Date: _____

3. School Official

(a) I certify that Mr/Mrs/Ms. _____

of Kenya is enrolled for a full time course of study during current academic year

(b) The fees stated in 4 (a) are accurate and up-to-date: -

Yes _____ (No _____)

(c) His/Her academic standing is:

Excellent: _____ Good: _____

Fair: _____ Below Average: _____

(d) He/She is scheduled to graduate in: _____ 20 _____

(Month) (Year)

(e) Freshman _____ Sophomore _____ Junior _____

Senior: _____ Master _____ (Doctoral _____)

(f) His/her major is _____

Full time course not less than 12 hours every semester for undergraduate or 9 hours for graduate.

OFFICIAL DATE AND STAMP

Signature: _____

Foreign Student Advisor

NB:

1. All Sections should be completed in **FULL** and in **DUPLICATE** and returned to this Embassy as soon as possible.
2. The forms should be accompanied by an International/Foreign Student Advisor or any authenticity to such signature.
3. Section Five should appear near the signature to render authenticity to such signature.
4. An official stamp or seal **MUST** appear near the signature to render authenticity to such signature.

5. It is important that you keep us informed of any changes of address or telephone number.
6. For Fall Semester, bursary application forms should be received before 30th April.
7. For Spring Semester, bursary application forms should be received before 30th September.