



Passport
Photograph

KENYATTA UNIVERSITY
OFFICE OF REGISTRAR (ACADEMIC)

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KENYATTA UNIVERSITY POSTGRADUATE SCHOLARSHIPS APPLICATION FORM FOR 2019/2020 ACADEMIC YEAR

This form must be completed before one can be considered for Postgraduate Scholarship. Students must:

1. Be admitted into a full time Postgraduate degree programme at Kenyatta University.
2. Proven high academic performance.
3. Be a full time student during any Academic Year in which Scholarship is received.

Print in ink or type all answers clearly and completed. Indicate N/A if a question is not applicable.

Disclaimer

Any student or person filling this Application Form and knowingly gives false or misleading information whether in writing or by attaching herein the false document (s) shall lead to automatic disqualification.

PART A: STUDENT'S PERSONAL DETAILS

➤ Full Name of Applicant:

a. Mr./Mrs./Miss: _____
Last First Middle

b. Sex: Male ☐ Female ☐

c. Date of Birth: _____

d. Marital Status (TICK ONE)

Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐

➤ Telephone contact: _____

➤ E-Mail: _____

➤ **Current Mailing Address:** P. O. Box: _____ Code: _____

Town: _____ County: _____

➤ Undergraduate Degree Attained: _____ Date: _____

University: _____ Classification: _____ GPA: _____

Registration number _____

(Attach copies of Academic Certificates and Transcripts)

➤ Masters Degree Admitted for: _____

Date: _____

Registration number: _____

Department: _____

(Attach copies of University Admission Letter)

PART B: ADDITIONAL INFORMATION

- a. Apart from the Scholarship you are applying for at Kenyatta University have you applied for any other financial assistance elsewhere?

Yes: ☐

No: ☐

If Yes, please specify Organization and Amount applied for: _____

- b. Other additional information:

CERTIFICATION

I declare that I have read this form and I hereby confirm that the information given herein is true and to the best of my knowledge.

Name: _____ Signature: _____ Date: _____

Note: The filling of an Application Form for Postgraduate Scholarship from Kenyatta University does not guarantee that the Applicant will receive the Scholarship.

Recommendation by Chairman of Department:

Recommended: _____ Not Recommended: _____

Name: _____

Signature: _____ Date: _____

Recommendation by Dean of School:

Recommended: _____ Not Recommended: _____

Name: _____

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY:

Awarded

☐

Not Awarded

☐

Amount Awarded: _____

Date Awarded: _____

Date Received: _____ Name of Person Authorizing: _____ Signature: _____

Authorizing Officer:

Name: _____ Position: _____ Signature: _____

COMMENTS:
