

UNIVERSITY OF NAIROBI ALUMNI ASSOCIATION - UONAA

APPLICATION FORM FOR UONAA SCHOLARSHIP FUND FOR NEEDY BUT BRIGHT STUDENTS

APPLICATION FORM (2024/2025 INTAKE)

INSTRUCTIONS / GUIDELINES

- → This form is available FREE OF CHARGE to all University of Nairobi Applicants.
- + The information provided in this form is intended to help University of Nairobi Alumni Association Scholarship Committee in administering the Scholarship Fund.
- → The form will enable the Scholarships committee understand the applicant's academic and financial position for the purpose of assessment for scholarship award.
- → On being called for an interview, the applicant must bring the originals of all documents requested for.
- → All incomplete or inaccurately filled forms will be automatically rejected.
- + Copies of ALL DOCUMENTS required must be provided by the applicant. Any applications without all relevant documents will be rejected.
- **→** Canvassing will lead to automatic disqualification.
- + The completion and submission of this form is not a guarantee for sponsorship.
- + Any false statements, omissions or forged documents submitted will lead to automatic disqualification.
- + University of Nairobi Alumni Association reserves the right to make the final determination of scholarship beneficiaries.
- → The application form should be filled in CAPITAL LETTERS and attached with relevant documents and physically delivered either at the alumni office or the dean of student office.
- **→** A Google Form link is provided HERE to fill part **A and B only** of the form.
 - □ **Download** the form <u>HERE</u> and fill in **all the sections provided**. This will be for due diligence & administrative purposes.

Every part of this form must be filled in full. Failure to do so makes this application form incomplete and therefore reduces the applicant's chances of qualifying for the scholarship

- 1. All sections of the form must be completed.
- 2. Upon completion of the application form:
 - (a) Check all sections for completeness and accuracy.

For more information or clarity on the Scholarship form/fund contact: alumni@uonbi.ac.ke or 0724820908

PART A: APPLICANT'S PERSONAL DETAILS 1) PERSONAL DATA

1.	Fu	ıll Name of the Applicant
	a)	First/Baptismal:
	b)	Middle:
		Surname/Family Name:
2.	Ge	ender
	a)	Male:
		Female:
		Other:
3.		ate of Birth: [DD]-[MM]-[YYYY]
4.	Ur	niversity registration number:
5.	Cι	urrent course:
		ar of Study:
		epartment:
		culty:
	_	
		ontact Details
		Tel. / Mobile No:
		Alternative Mobile No:
	c)	Email Address:
10	. Co	ounty of Permanent Residence:
11	. Su	ıb-county:
		ard:
13	. Lo	ocation:
		ıb-Location:
		CADEMIC INFORMATION I) FOR FIRST YEARS
		condary School Attended
	a)	School Name:
	b)	
	c)	Year you sat for KCSE:
	d)	
	e)	Head Teachers' No:
	f)	County:
	g)	State any other Academic achievement that you have

(Attach copy of results slip /KCSE Certificate)

",		State any other Academic achievement that you have				
		(Attach all copies of provisional transcripts: signed and stamped by dean of faculty				
PART C: APPLICANT'S FAMILY INFORMATION I) PARENT'S INFORMATION Living together/Separated/Divorced:						
Fat	her	's Details				
16.	Ful	I name of your father				
	a)	First name:				
	b)	Middle name:				
	c)	Surname:				
17.	ID	No:				
18.	Ph	one no:				
19.	Liv	ing: Deceased:				
20.		ployment status:				
	a)	Is your guardian employed:				
	b)	(If Yes) Indicate type of employment:				
	c)	(If No) Source of Income:				
21.	Со	unty:				
22.	Sul	b-County:				
23.	Wa	ard:				
24.	24. Location:					
25.	Ph	ysical Address:				
26.	Со	ntact details				
	a)	Postal Address:				
	b)	Postal Code:				
	c)	Town / City:				
	d)	Tel / Mobile No:				

[If deceased, please attach copy of death / burial certificate]

Мо	the	er's Details
27.	Ful	I name of your mother
	a)	First name:
		Middle name:
		Surname:
28.		No:
		one No:
		ing: Deceased:
31.	En	nployment status:
	a)	Is your guardian employed:
		(If Yes) Indicate type of employment:
		(If No) Source of Income:
32.		unty:
		b-County:
		nrd:
		cation:
		ysical Address:
37.	Со	ntact details
	a)	Postal Address:
		Postal Code:
		Town / City:
		Tel / Mobile No:
	[If	deceased, please attach copy of death / burial certificate]
	II)	GUARDIAN INFORMATION (If not living with your parents)
38.	Ful	I name of your guardian
	a)	First name:
		Middle name:
	c)	Surname:
39.	ID	No:
		lationship with Student/Applicant:

47. Contact details			
a)	Postal Address:		
b)	Postal Code:		
c)	Town / City:		
d)	Tel / Mobile No:		

III) SIBLING INFORMATION

List all your brothers and sisters starting with the oldest and state what each is engaged in. If working state the employer.

1	Name	Age	School/Employer	Class/Position in employment
2				
3				
4				
5				
6				

PA

	D APPLICANTS EVIDENCE OF NEED In a paragraph or more, tell us about yourself and why you are applying for this scholarship
2	State your parent's/guardian's monthly income.
3.	What is your fee balance? Have you received any other funding for your studies? kindly state the source(s) and amount(s)

NB If you wish to provide any other information please attach a separate sheet of paper

NOTE: Ensure you've attached the following i. National ID ii. School ID iii. KCSE Result slip/Certificate iv. Signed and stamped copies of all provisional transcripts (continuing students) v. Deans Recommendation form		
PART E: RECOMMENDATONS This part must be completed by the relevant authorities indicated. Any false information will lead to disqualification.		
Assistant Dean of Students (Faculty Level)		
Student Name: Student ID:		
a) Indicate your Faculty from the list provided:		
 Faculty of Agriculture 		
 Faculty of Arts 		
 Faculty of Build Environment and Design 		
 Faculty of Business and Management Sciences 		
 Faculty of Education 		
 Faculty of Engineering 		
 Faculty of Health Sciences 		
o Faculty of Law		
 Faculty of Science and Technology 		
 Faculty of Social Sciences 		
 Faculty of Veterinary Medicine 		
b) Is the applicant a member of your Faculty? YES () NO ()		
c) Comment on his/her request to be considered for Alumni Scholarship (The scholarship is meant to benefit only needy but bright students)		

Name:	
Signature:	Date: [DD]-[MM]-[YYYY]

PART F:

How did you learn about the University of Nairobi Alumni Scholarship Fund? (Please mark all that apply)

- Email
- At the University of Nairobi
- From the Alumni website
- Social media networks such as Facebook, Twitter, Instagram etc.
- From former beneficiaries
- Referred by a friend/Colleagues

Deadline for Submission December 6TH,2024

No late submissions will be accepted.

• Others (specify) ______

PART G: DECLAR	RATIONS
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APPLICANT'S DECLARATION	ON
I,	declare that the information given above is true to the
	I am aware that giving false representation will mean that my
application will not be cons	idered and will lead to automatic disqualification.
Signature:	Date: [DD]-[MM]-[YYYY]
PARENT'S / GUARDIAN'S	DECLARATION
	ormation is true to the best of my knowledge and I am aware that will mean that the application will not be considered and will lead to
Name:	
Signature:	Date: [DD]-[MM]-[YYYY]
NB: If you wish to provide ac	dditional information, please attach a separate piece of paper.
N/B:	
-	