



UNIVERSITY OF NAIROBI ALUMNI ASSOCIATION - UONAA

APPLICATION FORM FOR UONAA SCHOLARSHIP FUND FOR NEEDY BUT BRIGHT STUDENTS

APPLICATION FORM (2022/2023 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.
- Applicants must bring the originals of all documents requested for during the interview
- 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 downloaded and filled in **CAPITAL LETTERS** and then send the filled form, attached with relevant documents to **alumni@uonbi.ac.ke**

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 nomination form:
 - (a) Check all sections for completeness and accuracy.
 - (b) Scan and send all the documents and filled application form **as one document** to alumni@uonbi.ac.ke

PART A: APPLICANT'S PERSONAL DETAILS

1) PERSONAL DATA

1. Full Name of the Applicant
 - a) First/Baptismal: _____
 - b) Middle: _____
 - c) Surname/Family Name: _____
2. Gender
 - a) Male: _____
 - b) Female: _____
 - c) Other: _____
3. Date of Birth: [DD]-[MM]-[YYYY]
4. University registration number: _____
5. Current course: _____
6. Year of Study: _____
7. Department: _____
8. Faculty: _____
9. Contact Details
 - a) Tel. / Mobile No: _____
 - b) Alternative Mobile No: _____
 - c) Email Address: _____
10. County of Permanent Residence: _____
11. Sub-county: _____
12. Ward: _____
13. Location: _____
14. Sub-Location: _____

B: ACADEMIC INFORMATION

I) FOR FIRST YEARS

15. Secondary School Attended
 - a) School Name: _____
 - b) KCSE Grade: _____
 - c) Year you sat for KCSE: _____
 - d) School Phone NO: _____
 - e) Head Teachers' No: _____
 - f) County: _____
 - g) State any other Academic achievement that you have

(Attach copy of results slip /KCSE Certificate)

II) FOR CONTINUING STUDENTS

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: _____

Father's Details

16. Full name of your father

a) First name: _____

b) Middle name: _____

c) Surname: _____

17. ID No: _____

18. Phone no: _____

19. Living: Deceased:

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

Mother's Details

20. Full name of your mother

a) First name: _____

b) Middle name: _____

c) Surname: _____

21. ID No: _____

22. Phone No: _____

23. Living: Deceased:

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

II) GUARDIAN INFORMATION (If not living with your parents)

24. Full name of your guardian

a) First name: _____

b) Middle name: _____

c) Surname: _____

25. ID No: _____

26. Relationship with Student / Applicant: _____

27. Employment status:

a) Is your guardian employed: _____

b) (If Yes) Indicate type of employment: _____

c) (If No) Source of Income: _____

28. County: _____

29. Sub-County: _____

30. Ward: _____

31. Location: _____

32. Physical Address: _____

33. 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				

PART D

APPLICANTS EVIDENCE OF NEED

1. 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

NB : Submit the form to the dean of student's office for verification and rubber stamp.

3. What is your fee balance? Have you received any other funding for your studies? kindly state the source(s) and amount(s)

NB : Submit the form to student's finance office for verification and rubber stamp.

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: RECOMMENDATIONS

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 and Social Science
- Faculty of Built Environment and Design
- Faculty of Business and Management Sciences
- Faculty of Education
- Faculty of Engineering
- Faculty of Health Sciences
- Faculty of Law
- Faculty of Science and Technology
- Faculty of Veterinary Medicine

b) Is the applicant a student in 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 etc
- From former beneficiaries
- Referred by a friend/Colleagues
- Others (specify) _____

PART G: DECLARATIONS

APPLICANT'S DECLARATION

I, _____ declare that the information given above is true to the best of my knowledge and I am aware that giving false representation will mean that my application will not be considered and will lead to automatic disqualification.

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

PARENT'S / GUARDIAN'S DECLARATION

I confirm that the above information is true to the best of my knowledge and I am aware that giving false representation will mean that the application will not be considered and will lead to automatic disqualification.

Name: _____

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

NB: If you wish to provide additional information, please attach a separate piece of paper.

N/B:

**Applications to be submitted on or before March 10, 2023
Late submissions will be REJECTED**