



**MACHAKOS UNIVERSITY**  
**INTERNAL BURSARY APPLICATION FORM**

**INSTRUCTIONS**

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1. Bursary funds are designed to assist needy students who have explored all other avenues of financial assistance and still have unmet financial need
2. All parts of the application form **must be completed in full** for your application to be considered.
3. Completed bursary application forms are to be submitted **within the stipulated time** to the Dean of Students Office
4. Attach the relevant documents to **support** your application (e.g. death certificates, evidence of previous financial support, fee balance statement, etc.).
5. Attach copies of your Birth Certificate, National Identity Card and Secondary School Leaving Certificate.

**PERSONAL INFORMATION**

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Name: \_\_\_\_\_ Registration No. \_\_\_\_\_

School: \_\_\_\_\_ Year of study e.g. 2<sup>nd</sup> \_\_\_\_\_

Degree Programme: \_\_\_\_\_ Campus \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Parent/Guardian Tel. No \_\_\_\_\_

Gender: F ☐ M ☐

**Fill in the following information.**

1. Indicate with a tick whether you are KUCCPS ☐ or SSP ☐

2. (a) Are you on HELB loan: Yes ☐ or No ☐

(b) If No, explain why \_\_\_\_\_

3. Tick against the financial assistance you have ever received.

(a) High School Bursary ☐

(b) Ministry of Education Bursary ☐

(c) Community Based Organization Support ☐

(d) Faith Based Organization Support ☐

(e) Children's Home/Orphanage Support ☐

(f) Others (please specify) \_\_\_\_\_

4. Indicate with a tick your family status.

(a) Total Orphan: ☐ (b) Single parent orphan: ☐ (c) Single parent: ☐

(d) Separated/Divorced Parent: ☐

5. (a) Do you have any special needs? Yes: ☐ or No: ☐

(b) If yes, please tick accordingly and attach relevant documents.

(a) Visual impairment ☐

(b) Hearing impairment ☐

(c) Physically Challenged ☐

(d) Cerebral Palsy ☐

(e) Others (please specify) \_\_\_\_\_

6. (a) Have your family experienced loss of income? Yes: ☐ No: ☐

(b) If yes, indicate appropriately.

(a) Retirement ☐

(b) Retrenchment ☐

(c) Incapacitation ☐

(d) Loss of Job ☐

(e) Others (please specify) \_\_\_\_\_

7. Use the space below to provide any other information that may support your application.

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8. Amount Applied for (in Ksh) \_\_\_\_\_

***ATTACH RELEVANT DOCUMENTS TO SUPPORT YOUR APPLICATION***

**DECLARATION**

I \_\_\_\_\_ declare that the information I have provided is true

and I understand that giving false information will lead to disqualification and disciplinary action.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_