



SOUTH EASTERN KENYA UNIVERSITY

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SEKU BURSARY APPLICATION FORM

REF: SEKU/ARI/DOS/F9

APPLICANT'S GUIDANCE NOTES

1. Before filling this application form please read these guidelines carefully.
2. Applicants are required to apply under one category from among the following
 - (a) Orphan
 - (b) Students from poor household
 - (c) Student with special needs
 - (i) Student from marginalized areas e.g. Arid and semi – arid lands
 - (ii) Students from urban/rural slum
 - (iii) Terminal and chronic illness of parent/guardian
 - (iv) Physically challenged e.g. blind, deaf etc
3. You are required to fill in all appropriate spaces as provided
4. Incomplete bursary application forms will not be processed
5. Where documentary evidence is required and not provided, the form will not be processed e.g. certified copies of death certificates or National ID's of self, parents or guardians.
6. This application form is issued free of charge by South Eastern Kenya University.
7. Applicants must meet the minimum qualification and other requirements of the course so long as the course duration or remaining time of completion is not less than six (6) months.
8. All information provided will be cross-checked against information from other official public sources.
9. Any applicant who fills the application form and knowingly makes a false statement in the request for a bursary shall be expelled from the University.
10. For any future correspondence with the University the applicant must quote the student registration number along with the name of course, department and school.
11. The needs for all beneficiaries shall be reviewed annually
12. Bursary awards will be discontinued on grounds of poor academic performance/gross indiscipline/poor attendance record.
13. Bursary awards are not transferable
14. Approved bursary awards cannot be converted to cash payment to the applicant.

Tick the most appropriate category in which you wish your bursary application to be considered.

Orphan

Student from poor household

Student with special needs (Tick the most appropriate one)

Student from marginalized areas e.g. Arid and semi-arid lands

Students from urban/rural areas

Terminal and chronic illness of parent/guardian

Physically challenged e.g blind, deaf etc.

FULL NAMES

Family

Middle

First

.....

.....

.....

ID Number/passport No.

.....

FOR OFFICIAL USE ONLY

Received by: Designation

Signature: Date:

Serial Number:

SECTION 1 APPLICANT'S PERSONAL DETAILS (Attach copies of relevant documents)

Full name.....Reg. no:.....Gender:.....

Age:Marital status:.....

ID Number: Home county:

Location: Sub-location:

Constituency: Ward/Village/Estate:

Address:

Highest level of education/Training	Previous institution/school	Grade obtained	Year completed	Exam Index Number	Address

Any Disability

YES	NO

If yes, is it Mild/Severe

SECTION II

FAMILY DETAILS (Attach copies of relevant documents)

Father's name:ID Number

Occupation: Annual income.....

Other sources of income:

Is father alive?

YES	NO

(If No attach evidence of death)

Mother's Name: ID Number

Occupation:Annual income:

Other sources of income.....

Is mother alive?

YES	NO

(If No attach evidence of death)

Guardian's Name:**ID Number**

Occupation:**Annual income:**

Other sources of income.....

SECTION III

COURSE DETAILS (Attach copies of relevant documents)

Course **Duration**.....**Level**.....

Fees payable per year Kshs.

Amount in words

Amount applied for Kshs:

Amount in words:

Date of Admission: **Registration number**

TICK THE YEAR OF STUDY FOR WHICH YOU ARE APPLYING FOR THE BURSARY

1	2	3	4

SIBLINGS IN SCHOOL/INSTITUTION

Name	School/institution	Class	Age	Fee charges (attach evidence)

SIBLINGS WORKING

Name	Income	Employer and Address

Briefly provide any other relevant information

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SECTION IV APPLICATIONT'S DECLARATION

I confirm that the above information is true to the best of my knowledge and I am aware that giving false information will lead to automatic disqualification.

.....

Name

Signature

Date

