



UNIVERSITY OF EMBU

STUDENTS' WELFARE COMMITTEE

FINANCIAL AID APPLICATION FORM

The University of Embu Financial Assistance is designed to support bright students who demonstrate inability to meet their fees payment obligation.

The Financial Assistance is to be used to help pay part of tuition, accommodation within the University and other statutory payments.

The information on this form will be used to determine the applicant's eligibility for the financial aid. All queries on the Financial Aid Programme should be directed to the office of The Dean of Students (Tel.: +254 (0)711 124 836; e-mail: dos@embuni.ac.ke).

INSTRUCTIONS

All students wishing to be considered for Financial Aid **MUST** fulfil the following conditions:

1. Submit a duly filled Financial Aid Application forms within the set timelines
2. Be enrolled into a full time **Bachelors'** degree programme at the University of Embu
3. Be a full time student during any Semester in which assistance is received
4. Demonstrate a genuine need of financial assistance
5. Have a record of sustained high academic achievement
6. Be a Kenyan citizen
7. Be prepared to update the Student Welfare Committee with academic performance at the end of each semester, or at agreed time intervals
8. Not have been found guilty of a disciplinary offence within the last one year
9. Provide written statements from **two (2)** referees who know their financial situation well. One of the **referees should be a member of the Provincial Administration** e.g. a Chief, the other one a **Priest or Kadhi** and/or a **lawyer**. The statements should be in sealed envelopes and submitted to the **Dean of Students** clearly indicating the name of the applicant.

Important Note

Any student or person filling this Application form and knowingly gives false or misleading information whether in writing or by attaching herein a false document (s) shall lead to automatic disqualification and may be subjected to disciplinary action as per the rules and regulations guiding student conduct.

PART A: STUDENT DETAILS

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

- i) Name: _____
Last First Middle
- ii) Registration No.: _____
- iii) Gender: Male ☐ Female ☐
- iv) Date of birth: _____
- v) ID Number: _____ **(Attach copy)**
- vii) Programme of study: _____
- vii). Sponsorship *Government sponsored* ☐ *Self-sponsored* ☐
- viii) Current mailing address: _____
- ix) Mobile telephone number: _____
- x) Alternate mobile telephone number: _____
- xi) Disabilities: Physically challenged ☐ Visually challenged ☐ Other (specify) ☐ _____
- xii) **Mean grade** achieved in the preceding academic year or KSCE Mean grade and points in case one is a first year: _____
- xiii) Co-curricular activity(ies) in the University: _____

[Type here]



ISO 27001:2013 Certified

Knowledge Transforms



ISO 9001:2015 Certified

PART B: PARENTS DETAILS**Family category** (tick the category that describes your family)

Orphaned

☐

Single parent

☐

Two parents

☐

1. FATHER	2. MOTHER
a) Father Alive <input type="checkbox"/> Deceased <input type="checkbox"/>	a) Mother Alive <input type="checkbox"/> Deceased <input type="checkbox"/>
b) If deceased, provide the date of death; _____ (Attach death certificate if available)	b) If deceased, provide the date of death; _____ (Attach death certificate if available)
c) If alive give his age; _____	d) If alive give her age; _____
d) Name: _____ ID/No. _____	e) Name: _____ ID/No. _____
e) Occupation: _____	f) Occupation; _____
f) Name and address of employer (s) _____	g) Name and address of employer (s) _____
g) If retired give name (s) and address of last employer (s); _____ Year of retirement: _____	g) If retired give name (s) and address of last employer (s); _____ Year of retirement: _____

PART C: GUARDIAN/SPONSOR DETAILS

a) Name: _____	b) Mobile telephone number: _____
c) ID/No.: _____	d) Occupation: _____
e) Name and address of employer: _____ _____	

PART D: FINANCIAL INFORMATION

NOTE: Due to the large number of students interested in financial assistance at the University, consideration will only be limited to students that demonstrate genuine financial difficulties and will be subject to the availability of funds.

(a) Gross family income in the last 12 months

ITEM	FATHER	MOTHER	GUARDIAN/ SPONSOR	SELF	TOTAL (KSHS)
Gross income from employment (Salary or Pension)					
Income from Business e.g. Shop, Hotel, Matatu.					
Income from farming e.g. Crops, Livestock, Fishing					
Income from other sources e.g. Shares, Dividends, Interest					
TOTAL					

(b) Other sources of income in the last 12 months

ITEM	TOTAL (KSHS)
HELB	
County	
CDF	
Harambee	
Donations	
Any other	
GRAND TOTAL	

(c) Fee payment at UoEm

- (i) Current payable fees/semester: Kshs _____ Current average expenditure/semester: Kshs _____
- (ii) Current fee balance: Kshs _____

[Type here]



(d) Fee payment History at UoEm

Please provide information on how much fees you have paid in the last four Semesters (terms in the case of first years) preceding the current semester

YEAR	SEMESTER/TERM	AMOUNT (KSHS)

(e) Applicant's Siblings in Educational Institutions (Please attach documentary evidence)

CHILD'S NAME	INSTITUTION NAME	YEAR OF STUDY	COST OF EDUCATION (for the last one year)
1.			
2.			
3.			
4.			
5.			
6.			
TOTAL			

(f) Number and age(s) of siblings not in school _____

PART E: ELIGIBILITY FOR FINANCIAL AID

Please explain why you consider yourself eligible for UoEm's financial aid and why you should be considered for an award:

PART F: ADDITIONAL INFORMATION

How will the course you are enrolled for enable you to achieve your full potential?

PART G: REFEREE STATEMENTS:

Please provide the names and contact details of **two (2)** referees who know you well and can provide an honest and comprehensive reference regarding your financial situation. **One of the referees should be a member of the provincial administration e.g. a chief, the other one a priest or Kadhi and/or a lawyer.** It is your responsibility to ask them to forward their support and comments to the Students' Welfare Committee through the Office of the Dean of Students before you submit this form.

Referee details (Name, Tel., E-mail address):

1. _____
2. _____

PART H: DECLARATION

I _____ hereby apply for Financial Aid for the _____ Academic Year. The above information is complete and accurate to the best of my knowledge and I agree to inform the University of Embu of any changes to the enrolment or sponsorship information indicated. I am aware that I must maintain the above enrolment as a student in good academic standing to maintain my eligibility for the Financial Aid and understand and acknowledge that the Financial aid may be withdrawn or adjusted based on any changes to my financial status and further that in the event that the Financial Aid is withdrawn, I shall be required to pay the full tuition.

Applicant's Signature _____

Date: _____

(This form should be forwarded to: The Dean of Students, University of Embu, P.O. Box 6-60100, Embu, Kenya; Phone: (+254 (0)711 124 836; e-mail: dos@embuni.ac.ke)



Office Use Only

Student's Name: _____ Program: _____ Form. No. Date
application received: _____ Receiving officer: _____ Date and stamp: _____

Recommendation of the Committee

a) Recommended for Award of Financial Aid: ☐ b) Not Recommended for Award of Financial Aid ☐
Financial Aid Amount awarded (where applicable) (Kshs) _____

Signature: _____
Chairman, Students Welfare Committee

Date and stamp: _____

Financial Aid Award Approval

Signature: _____
Vice-Chancellor

Date and stamp: _____

