



UNIVERSITY OF EMBU
OFFICE OF THE REGISTRAR
(ACADEMICS, RESEARCH AND EXTENSION)

SCHOLARSHIP APPLICATION FORM

A Important Information

1. Fill parts B and C of the form only
2. Attach certified copies of transcripts/results slips, bachelor's degree certificates/letter of completion and Identity Card
3. Submit the application documents to the Registrar (Academics, Research and Extension)

B Applicant's Details

Applicant's Name: ID Number:

Bachelor's Degree and Class:

Master's degree to be pursued:

C Referees

Provide two referees who can attest to your academic capability

First Referee

Name: Affiliation Institution:

Email address: Cell Number:

Second Referee

Name: Affiliation Institution:

Email address: Cell Number:

Applicant's Signature: Date:

D Chairman of Department (For Official Use Only)

Recommended Not Recommended (Give Reason (s)):

.....
.....
CoD's Name: Sign: Date:

E Dean of School (For Official Use Only)

Recommended Not Recommended (Give Reason (s)):

.....
.....
Dean's Name: Sign: Date:

G Chairman, Deans' Committee (For Official Use Only)

Approved Not approved

Sign: Date:
