



University of Embu TVET Institute Scholarship Application Form - 2nd Cohort

1.0 BACKGROUND

The University of Embu (UoEm), in partnership with the M-Pesa Foundation, invites applications for scholarships to pursue Technical and Vocational Educational and Training (TVET) programmes at the University of Embu TVET Institute. These programmes focus on equipping the youth **(15 to 30 years old)** with market-driven skills, enhancing employability, and preparing them for the world of work. The scholarship covers tuition fees, monthly stipend for the period of study and basic tools of trade upon graduation. Underprivileged youth from humble economic backgrounds are encouraged to apply. This is the 2nd cohort of application that will cover the counties of **Mombasa, Kilifi, Kwale, Taita Taveta, Kakamega, Bungoma, Vihiga, Uasin Gishu, Narok, Baringo, Laikipia, Nyeri, Kirinyaga, Tharaka-Nithi, Machakos, Makueni, Kisumu, Siaya and Kitui**. The other counties will be covered in the subsequent cohorts. **The deadline for submitting the applications is on 12th June, 2026.**

2.0 INSTRUCTIONS

1. Fill in your details truthfully.
2. Ensure that you qualify for the programme you are applying.
3. The following should be attached to the application form; (a) copies of Result Slips/ or Certificates; (b) copy of National Identity Card/ Birth Certificate, and (c) two good quality passport photographs.
4. For persons with disability, attach your registration documents to this application on submission.

3.0 BIO-DATA OF APPLICANT

Name:

Surname/Family Name

Other names

National Identity Card/Birth Certificate/ Passport Number:.....

Email:..... Phone Number:.....

County of Origin:..... Sub-County:.....

Gender:..... Age (years):..... Ethnicity:.....

Do you have any form of Disability? Yes No

If yes, please give details of your disability below and attach registration documents to this application.

4.0 : PROGRAMME APPLICATION

Please tick your preferred programme and level of study

S/N	Programme	Level 6 (KCSE C- or Level 5)	Level 5 (KCSE D or Level 4)	Level 4 (KCSE Certificate or Level 3)	Level 3 (KCPE or RPL)
1.	Cosmetology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Repair & Maintenance of Mobile and Electronic Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Repair & Maintenance of Two & Three Wheeled Motor Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Building and Construction (Masonry Option)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Building and Construction (Plumbing Option)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Welding and Fabrication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.0 : PARENTS/GUARDIANS DETAILS

a) Father's Details

Name:..... ID/No.

Tick as appropriate Alive Deceased

If deceased, provide the date of death;.....

(Attach burial permit or death certificate)

If alive give his details as follow;

Age:..... Email:.....

Phone Number:..... Occupation:.....

Name and address of employer (s)

If retired, provide last occupation.....Year of retirement.....

Name (s) and address of last employer (s);

b) Mother's Details

Name:..... ID/No.

Tick as appropriate Alive Deceased

If deceased, provide the date of death;.....

(Attach burial permit or death certificate)

If alive give her details as follow;

Age;..... Email:.....

Phone Number:..... Occupation:.....

Name and address of employer (s)

If retired, provide last occupation..... Year of retirement.....

Name (s) and address of last employer (s);

c) Guardian/Sponsor Details

Name:..... ID/No.

Occupation:.....

Name and address of employer (s)

6.0 FINANCIAL INFORMATION

(i) Gross family income in the last 12 months

Item	Father (KES.)	Mother KES.)	Guardian (KES.)	Self (KES.)
Gross income from employment (Salary or Pension)				
Income from Business e.g. Shop, Hotel.				
Income from farming e.g. Crops, Livestock, Fishing				
Income from other sources				
TOTAL				

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

Item	Total (KES.)
Higher Education Funding	
County bursary	
CDF bursary	
Harambee/ Donations	
Any other (Specify)	
GRAND TOTAL	

(iii) **Applicant's Siblings in Educational Institutions** (*Attach documentary evidence such as fee structure, report cards, valid student ID, fee payment receipt, letters from principal/head teacher of siblings etc.*)

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

Number and age(s) of siblings not in school

7.0 ELIGIBILITY FOR SCHOLARSHIP

Please explain why you consider yourself eligible for the scholarship and why you should be considered for the scholarship:

.....

8.0 ADDITIONAL INFORMATION

How will the scholarship enable you to economically or otherwise participate in your community?

.....

9.0 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 provide their support and comments under confidential cover while you submit this form. In their support, ensure they mention your economic status, why you are best fitted to be awarded the scholarship and how the scholarship or your training will benefit the community you come from

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

1.

2.

10.0 DECLARATION

I, _____ hereby apply for the University of Embu TVET Institute Scholarship. 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 information indicated. By signing this application form, I hereby give consent to the University of Embu and the M-Pesa Foundation to access and use the data provided for the purpose of processing my application. I understand that processing my application may involve requesting third parties to validate the information I have provided.

Applicant's Signature: Date:

(This form should be forwarded to: The Registrar (Academics, Research and Extension), University of Embu, P.O. Box 6-60100, Embu, Kenya; Phone: (+254 (0)711 234 836; e-mail: registrar_are@embuni.ac.ke).

11.0 OFFICE USE ONLY

Date application received: Receiving officer:

Date and stamp: