

## APPLICATION FORM OF THE SCHOOL OF MEDICINE CLASS OF 1970 ALUMNI SCHOLARSHIP UNIVERSITY OF NAIROBI 2020/2021

(Only for undergraduate students in the School of Medicine - Government Sponsored – Module 1)

## **Personal Data of Applicant**

Name:			
Gender:	□ Male	□ Female	_
Date of Birth:		DD-MM-Y	$\underline{\mathbf{Y}}$
Nationality:			_
Department:			Photo
Student ID No.:			-
Major:			_
Year of Enrollment:			
Year to Graduate:			
ID Number:			
Address:			
Email:		Tel:	

Academic Performance:				
Please attach	n KCSE Certificate	e of 2019		
	nit here in writing f the University's			

## Major Family members and relatives:

Name	Relation	Profession	Employer
	_		
	_		
	_		
	_	-	
Situation of Fa	mily Income:		
Resources of S	Study Expenses:		
Resources of S	Expenses.		
Have you ever	received other sch	olarship in the last one	year? □ Yes □ No
TC 1	: 6		
If yes, please s	pecify:		
I 1 1	41 - 4 41	: 41:1:4:	
the best of my		on in this application to	rm are true and correct to
the best of my	Knowieuge.		
Signature of ap	oplicant:	-	Date:

The above content should be filled out by the applicant.

## **FOR OFFICIAL USE ONLY:**

#	Conditions to be fulfilled	Tick
1	The Applicant is from a needy background and has demonstrated financial need (registered as a Needy Student of the University of Nairobi in Financial Aid Office)	
2	The Applicant has not received scholarships, bursaries or grants from other sources	
3	The Applicant has scored A (plain) in their 2019 KCSE exam (see attached KCSE certificate)	
4	The Applicant has been admitted to University of Nairobi's School of Medicine under the Government Sponsored Program (Module I)	
5	The Applicant is willing to abide by all the conditions of the University of Nairobi Work Study Program.	

Recommended	Not Recommended
Signature:	Date:

Dean of Students