



APPLICATION FORM FOR STUDENT AID

The information provided in this application should be complete and accurate. The Declaration page must be signed and dated.

SECTION A:

1. Are you a new applicant or a continuing student? (Tick applicable option):
 - (i) Continuing Student (An applicant who has already began his/her course)
 - (ii) New Applicant (An applicant intending to begin their course)
 - *If you are a Continuing Student, you are required to fill Part 8.7 and Part 10 in Section B of this form.*

 2. What are Type of student Aid are you applying for (Tick applicable option)?
 - (i) Scholarship
 - (ii) Loan
 - (iii) All the above
 - If you are applying for (i) above, and do not qualify for a scholarship, are you willing to accept a loan? _____(Yes/ No)
 - If you are applying for (ii) or (iii) above. You are required to fill part 11 in Section B of this form.

 3. Purpose of application (Tick applicable option):
 - (i) Pay for school tuition only.
 - (ii) Pay for Exam Fee Only
 - (iii) Pay for Upkeep (Accommodation, Transport and Related expenses). Please specify
 - (iv) All the above.

 4. Total amount of Aid Sought: (state amount in Ksh.)
If tuition only, Fee per Year (Attach Certified Fee Structure): _____

If exam only, Exam Fee per sitting: (Attach Certified Exam Fee Structure)

- If for upkeep related expenses please specify in table below and (Attach Certified Quotation where available)

Expense	Specifics/type	Value

If aid sought is for all the above, attach certified copies of documents for each.

Maximum Financial Aid Sought (KShs.): _____

To support your Application please provide the following documents:

1. A recent passport-size photograph
2. Copy of Birth certificate
3. **Two** letters of recommendation
4. A personal statement/motivation letter describing the applicant's career objectives, aspirations, plans after graduation (in not more than 500 words)

SECTION B:

1. Student's Information

Surname: _____

Other Name(s): _____

National ID/Passport No: (attach copy) _____

PIN No. _____

If under the age of 18, provide: Birth Certificate No.: _____

Mobile Number: _____ Email Address: _____

Postal Address: _____ Code: _____ Town: _____

Gender: _____

Marital status (Single, Single Parent, Married, Separated): _____

2. Current Area of Residence

County: _____ Constituency: _____

Town: _____ Location: _____

Sub location: _____ Estate/Village: _____

House No.: _____

Nearest Public School: _____

3. Student's Course Details

Course under study/Applied for: (Tick as appropriate)

(i) CPA

(ii) ACCA

(iii) Bachelors' degree in Accounting and Finance (Specify)

(iv) Other course (Specify) _____

Start Date: _____

Institution: _____

Campus: _____

Faculty/School: _____

Expected Duration of study: _____

4. Educational Background

(Attach certified copies of relevant Result slips/certificates)

Level	Year of Completion	Institution Name	Grade	Average Annual Fee (Kshs.)	Fee paid By: (Parent, Guardian, Bursary, e.t.c)
Primary					
Secondary			Overall Grade:_____ Mathematics Grade:_____ English Grade:_____		
Tertiary					

5. Next of Kin

Surname: _____

Other Name: _____

Relationship to Applicant: _____

ID No: _____ PIN No: _____

Postal Address: _____ Code: _____ Town: _____

Email Address: _____

Mobile Number: _____

Alternative mobile phone number: _____

Occupation: _____

6. Family Information

6.1 Are you dependent on your parent(s)/Guardian? (Yes/No) _____

If YES, fill part (A) below.

6.2 Are you dependent on your spouse? (Yes/No) _____.

If YES, fill part (B) below.

6.3 Do you have any children/dependant? (Yes/No) _____.

If YES, fill part (C) below.

(A) Parent's/Guardian's Information (Fill only applicable sections)

FATHER	MOTHER	GUARDIAN
Name:	Name:	Name:
ID No.:	ID No.:	ID No.:
PIN No.:	PIN No.:	PIN No.:
Date of Birth	Date of Birth	Date of Birth
Occupation	Occupation	Occupation
Father is (tick applicable option): <ul style="list-style-type: none"> <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Unemployed <input type="radio"/> Retired 	Mother is (tick applicable option): <ul style="list-style-type: none"> <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Unemployed <input type="radio"/> Retired 	Guardian is (tick applicable option): <ul style="list-style-type: none"> <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Unemployed <input type="radio"/> Retired
If Employed, provide: Name of Employer: _____ Address of Employer: _____ Employer's Telephone Number: _____ Employee Number: _____ Level/ Role/Position: _____	If Employed, provide: Name of Employer: _____ Address of Employer: _____ Employer's Telephone Number: _____ Employee Number: _____ Level/ Role/Position: _____	If Employed, provide: Name of Employer: _____ Address of Employer: _____ Employer's Telephone Number: _____ Employee Number: _____ Level/ Role/Position: _____
If self-employed provide: Name of Business: _____ Address of Business: _____ Location of Business: _____ Type of Business: _____	If self-employed provide: Name of Business: _____ Address of Business: _____ Location of Business: _____ Type of Business: _____	If self-employed provide: Name of Business: _____ Address of Business: _____ Location of Business: _____ Type of Business: _____
If retired, Provide: Name of Last Employer: _____ Address of Last Employer: _____	If retired, Provide: Name of Last Employer: _____ Address of Last Employer: _____	If retired, Provide: Name of Last Employer: _____ Address of Last Employer: _____

Year of retirement: _____	Year of retirement: _____	Year of retirement: _____
Average Annual Income: _____ Employment: _____ Business: _____ Farming: _____ Pension: _____ Other Income: _____ Family Assistance: _____ Support from GoK Relief Service: _____ Savings: _____ Inheritance: _____ Income from other sources: _____	Average Annual Income: _____ Employment: _____ Business: _____ Farming: _____ Pension: _____ Other Income: _____ Family Assistance: _____ Support from GoK Relief Service: _____ Savings: _____ Inheritance: _____ Income from other sources: _____	Average Annual Income: _____ Employment: _____ Business: _____ Farming: _____ Pension: _____ Other Income: _____ Family Assistance: _____ Support from GoK Relief Service: _____ Savings: _____ Inheritance: _____ Income from other sources: _____

6.4 Do your parent(s)/Guardian have any other dependant(s) apart from you? (Yes/No)

If YES, fill the table provided below (add rows if necessary)

Name	Age	Relationship (How are they related to you?)	School/Employer	Fee P.A: (if in school)	Class/Form	School Fee Paid by: (If in school)

(B) Details of Spouse

Name:
ID No.:
PIN No.:
Date of Birth
Occupation
Spouse is (tick any applicable option): <ul style="list-style-type: none"> <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Unemployed <input type="radio"/> Retired If Employed, provide: Name of Employer: _____ Address of Employer: _____ Employer's Telephone Number: _____ Employee Number: _____ If self-employed provide: Name of Business: _____ Address of Business: _____ Location of Business: _____ Type of Business: _____ If retired, Provide: Name of Last Employer: _____ Address of Last Employer: _____ Year of retirement: _____
Average Annual Income: _____ Employment: _____ Business: _____ Farming: _____ Pension: _____ Other Income: _____ Family Assistance: _____ Support from GoK Relief Service: _____ Savings: _____ Inheritance: _____ Income from other sources: _____

(C) Details of Dependents

Name	Age	Relationship: (How are they related to you?)	School/Employer	Fee P.A: (if in school)	Level of Study	School Fee Paid by:

7. Family Expenses

(Indicate estimated Family Monthly Expenses in Ksh.)

Food: _____

Clothing: _____

Rent: _____

Travel/Fuel: _____

Medical: _____

Mortgage/Loan Repayment: _____

Other Expenses (apart from education expense):

<i>Other Expense</i>	<i>Amount (KShs)</i>

8. Additional Information

8.1 Are you physically challenged (E.g. visually-impaired, physically-impaired, etc.)?

(Yes/No): _____

If YES, Please Specify _____

8.2 You are (tick any applicable option):

(i) Employed

(ii) Self-Employed

(iii) Unemployed

If employed, provide:

Name of Employer: _____

Address of Employer: _____

Employer's Telephone Number: _____

Employee Number/ID: _____

Average Monthly Income (Attach pay slip): _____

Do you intend to undertake the course on full-time or part-time basis?

Do you intend to continue working? _____

If self- employed, provide:

Name of Business: _____

Address of Business: _____

Location of Business: _____

Type of Business: _____

Average Monthly Income (Attach bank/M-pesa statement): _____

Do you intend to undertake the course on full-time or part-time basis?

Do you intend to continue with business? _____

8.3 Are any of your parents deceased? (Yes/ No) _____

If Yes, Fill the table below and Attach copy of Death Certificate.

Parent	Date of death

8.4 If both parents are deceased, who has been paying your fee? (Tick as appropriate)

(i) Guardian

Name: _____

Telephone No.: _____

Address: _____

(ii) Public Trustee

Name: _____

Telephone No.: _____

Address: _____

(iii) Other Sponsor. Specify: _____

Name: _____

Telephone No.: _____

Address: _____

Relationship: _____

8.5 Does any member of your family suffer from terminal/chronic illness? (Yes/No) _____

If YES, Please Specify:

8.6 If Tuendelee Foundation offers partial financial aid, the applicants are required to raise a percentage of the total amount sought, how much is your family/ guardian/ yourself able to pay towards your education per Semester? KShs. _____

- 8.7 The Kenya Higher Education Loans Board (HELB) awards various amounts of loans to university/college students with demonstrated financial need. All degree students seeking financial aid must apply for a HELB loan through www.helb.go.ke and attach a copy of the submitted HELB application form.

HELB No.: _____

HELB Loan Received per Year: KShs. _____

HELB Bursary Received (if applicable): KShs. _____

*If you did not apply for the HELB loan, briefly explain reason:

- 8.8 Applicants may already be receiving another form of financial aid, other than HELB loan from other institutions and organisations to finance their studies. If so, Provide:

Type of Financial Aid (Scholarship, Loan, Bursary etc.)	Awarding Institution	Amount (KSh.)

9. Accommodation, Transport and Related Expenses

- 9.1 Do you have stable accommodation for the entire course? (Yes /No) _____

If YES, where will you stay? (With family, with a relative, in a hostel, other)

If Hostel, Provide name of Hostel: _____

If staying with a Relative/Other, Provide:

Name: _____

Postal Address: _____

Email Address: _____

Mobile Number: _____

Relationship to Applicant: _____

If other, Specify: _____

If No, how will you cater for your accommodation?

9.2 If studying outside Kenya, who will cater for your transport and related expenses (e.g. visa application, insurance, air fare etc.)?

[For students admitted at a University/College outside Kenya]

10. For Continuing Students

[Students already enrolled in a tertiary institution]

Year of Study/Part _____

Semester/Section _____

Average grade to date: _____ (Attach transcripts/progress report)

Reason for applying for Financial Aid (e.g. death of parent/guardian/sponsor, illness, retrenchment etc.):

How have you been financing your studies in the past?

11. For Loan Applicants

(i) LOAN CONDITIONS

All loans must be reimbursed with an annual service charge of 5%. Two guarantors are required to co-sign the loan agreement. The payback period is five years, starting at the earlier of getting a job or six months after completion of course. Where a beneficiary drops out the loan amount will be due immediately (if the beneficiary is a bad-leaver). However, for a good leaver, the payment period and terms shall remain the same.

(ii) GUARANTORS

GUARANTOR 1

Surname: _____

Other Name(s): _____

National ID/Passport No: _____

Mobile Number: _____

Email Address: _____

Postal Address: _____ Code: _____ Town: _____

Current Place of Residence: _____

Name of Employer: _____

Address of Employer: _____

Employer's Telephone Number: _____

Employee Number: _____

Percentage of loan you intend to guarantee: _____

(also known as "the guarantor" hereby expresses my intention to bound to Tuendelee Foundation in the sum of amount equivalent to the percentage agreed upon above of the total sum that the Foundation shall grant as student loan to

_____ (Name of Applicant) and

interest thereon in the event that the loanee fails to honour his/her obligation of repaying the same to the Foundation as from the prescribed time. The Foundation will notify me of the amount of scholarship/loan to the loanee after the award is made, and only then shall a binding agreement be signed.)

Signature: _____

Date: _____

GUARANTOR 2

Surname: _____

Other Name: _____

National ID/ Passport No: _____

Mobile Number: _____

Email Address: _____

Postal Address: _____ Code: _____ Town: _____

Current Place of Residence: _____

Name of Employer: _____

Address of Employer: _____

Employer's Telephone Number: _____

Employee Number: _____

(also known as "the guarantor" hereby expresses his/her intention to bound to Tuendelee Foundation in the sum of amount equivalent to the percentage agreed upon above of the total sum that the Foundation shall grant as student loan to

_____ (Name of Applicant) and

interest thereon in the event that the loanee fails to honour his/her obligation of repaying the same to the Foundation as from the prescribed time. The Foundation will notify me of the amount of scholarship/loan to the loanee after the award is made and only then shall a binding agreement be signed.)

Signature: _____

Date: _____

12. DECLARATION

I _____ confirm that the information herein provided is accurate. I accept the terms of application.

Applicant's Signature: _____

Date of Application: _____

If applicant is under the age of 18 years:

I _____ being parent/guardian/caregiver of the applicant _____ confirm that the information herein provided is accurate. I accept the terms of application.

Parent/Guardian/Caregiver Signature: _____

Applicant's Name (Applicant to fill name him/herself):

Date of Application: _____

CHECKLIST

A. Before submitting this application form, kindly confirm that you have provided the following:

- a. A personal statement/motivation letter describing the applicant's career objectives, aspirations, plans after graduation (in not more than 500 words);
- b. A recent passport-size photograph
- c. Completed and signed application form
- d. Two Letters of recommendation
- e. Any other document provided for in the application form:
 1. Certified Fee Structure from University/College
 2. Quotation for all non-tuition expenses
 3. Result slips and certificates
 4. Pay Slips/M-pesa/bank statements (proof of employment//self-employment)
 5. Copy of filled and submitted HELB Application Form
 6. Transcripts/progress reports (for continuing students).
 7. Copy of Identification document (National ID card or Passport)
 8. Copy of birth certificate

B. Incomplete applications will not be accepted.