

# Financial Aid Appeal Form

New Applicant  Continuing Student

## STUDENT'S INFORMATION

Surname: \_\_\_\_\_ Other name: \_\_\_\_\_  
National ID NO.: \_\_\_\_\_ PIN NO: \_\_\_\_\_ Year of KCSE: \_\_\_\_\_  
Mobile NO: \_\_\_\_\_ Email address: \_\_\_\_\_  
Postal address: \_\_\_\_\_ Code: \_\_\_\_\_ Town: \_\_\_\_\_  
Course: \_\_\_\_\_ Start date: \_\_\_\_\_

## Reason for appeal

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*Attach necessary documentation*

- I certify that the information included here is true and accurate to the best of my knowledge
- I understand that submitting this form does not guarantee that my request will be approved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## To be completed by the parent/guardian

Name: \_\_\_\_\_  
Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Official use only:*

## Financial Aid Office

Information verified: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chairperson, Financial Aid Advisory Committee

Signature: \_\_\_\_\_ Date: \_\_\_\_\_