

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

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: _____