Staff Giving Fund Application Form

Name_________________________________Admission Number________________

Application Guidelines

The Fund provides an opportunity for staff to help scholarship students, through financial contributions, meet some of their day-to-day needs (e.g. meals, accommodation, and stipend) while still pursuing their education.

Given the limited source of income, the fund will endeavor to make small grants in order to assist as many students as possible.

The Staff Giving committee will review applications on a quarterly basis; February, May, August and November.

Eligibility

1) Applicants must have been in the university for a least 1 year

In addition

1. Grants are only given on a per semester basis and reapplication for further grants is required but approval of the same is not guaranteed
2. The applicant agrees to the following if successful:
   a) To participate in promotional material of the fund
   b) That the Financial Aid office may provide their academic performance to the Staff Giving Committee
   c) That the committee can contact the applicant’s reference(s) for verification of the information provided

The application form must be returned together with:

I. Letter requesting support including a Statement of how you have tried to raise funds in case the support requested from the fund is not 100%
II. Duly filled application form
III. Proof of application for HELB, Constituency Development Fund (CDF) or other sources for support

The Higher Education Loans Board awards various amounts of loans to university students with demonstrated financial need. Strathmore students are encouraged to apply for a HELB loan through www.helb.go.ke and submit a copy of the HELB application form to the Financial Aid Office.
STUDENT’S INFORMATION

Surname: _____________________ Other Name: _____________________
_____________________________________________________
_____________________________________________________
National ID No: _________________ PIN No: _________________Admission No: _________________
Mobile Number: _________________ SU Email Address: _________________
_______________________________________________________________________________
Alternative Email

Postal Address: _______________________ Code: _________________ Town: _______________________
_____________________________________________________
Course: ____________________ Year: ___________ Semester: ___________ Major: ___________

Mode of study: Fulltime Evening Course

PARENTS’ INFORMATION

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<tr>
<th>Father</th>
<th>Mother</th>
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<tbody>
<tr>
<td>Pin No:</td>
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<tr>
<td>Is your father alive? Yes [□] No [□]</td>
<td>Is your mother alive? Yes [□] No [□]</td>
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<tr>
<td>If no, give date of death: ______________</td>
<td>If no, give date of death: ______________</td>
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<td>Attach certified copy of death certificate</td>
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<td>How old is your father?</td>
<td>How old is your mother?</td>
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<td>Name of employer:</td>
<td>Name of employer:</td>
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<td>Address of employer:</td>
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<tr>
<td>If retired give name and address of last employer.</td>
<td>If retired give name and address of last employer.</td>
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<td>Year of retirement:</td>
<td>Year of retirement:</td>
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GUARDIAN’S INFORMATION

Name: ____________________________________________________________

Postal Address: ____________________________________________________

Code: _______________ Town: ________________________________

Email Address: ______________________ Mobile Number: ______________________

Occupation: ______________________________________________________

Employer Name ______________ Address: ______________________________

Relationship to Applicant: __________________________________________

Family Income

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<td>Farm</td>
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<td>Other</td>
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Siblings Information

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<th>Name</th>
<th>Age</th>
<th>School/Employer</th>
<th>Fees PA</th>
<th>Class</th>
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If false information is given, this will automatically lead to disqualification.

Applicant’s Signature: ___________________________ Date of application: ___________________________
Mentor Name: ____________________________________________________

Recommended       Not Recommended

Comment:
_______________________________________________________________________________________

Signature __________________________ Date _________________________________

For Official use

Staff Giving Committee

Awarded Amount ________ Not Awarded

Comment: __________________________

Signature: __________________________ Date: _________________________________