



P.C.E.A CHUOGORIA HOSPITAL



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CLIVE IRVINE COLLEGE OF NURSING

NEEDY STUDENT BURSARY APPLICATION FORM

Attach a recent
Colored size
passport
HERE

PART 1: PARTICULARS OF APPLICANT

Personal Details

Full Names.....
Surname First Middle
Identity Card No.....KRA PIN.....
Date of Birth/...../.....Age.....Gender: Male [] female []
E mail Address.....
Mobile number.....permanent address.....town.....
County.....Constituency.....Sub-county/District.....
.....Division.....Location.....Sub-location.....
Village/estate/ward.....

PART 2: STUDENT DETAILS

Course name and year of admission.....
Current Year of study.....previous blockCourse duration.....
Outstanding fee balance to date (attach fees statement from finance department).....
Cost of the program per year.....Amount family is able to raise.....
Have you applied for other bursaries/loansif yes which..... if no
why.....
HELB (afya Elimu) loan annual allocation amount
Other allocations amount.....

PART 3 PRE-COLLEGE EDUCATION

	Name of the school	Public/private	Annual fees
Primary school you attended			
Secondary school you attended			

PART 4: FAMILY DETAILS

1. Which type of family do you come from? (Please tick as appropriate).

A. Both Parents Alive..... B. Orphan (attach death certificate if applicable):

C. Single parentD. Polygamous familyE. Father and mother Separated.....

2. Occupation of the father.....

3. Occupation of the mother.....

4. Indicate number of children in your family.....

5. family assets

Assets	Number	Specification (brief location details, descriptions)	Ownership
House			
Land			
Car			
Cows			
Cash crop			

Part 5: SIBLINGS IN SCHOOL/INSTITUTION

No.	Name school/Institution	Class	Age	Fees charged per year (Attach evidence)
1				
2				

3				
4				

Briefly justify why you think you are Needy

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.....

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PART 6: ACADEMIC PERFORMANCE

(Attach transcript of the previous block)

PART 7: DECLARATIONS

a) Applicant’s declaration

I confirm that the above information is true to the best of my knowledge and I am aware that giving false information will lead me to automatic disqualification.

NAME.....

SIGNATURE.....**DATES**.....

Parents/Guardians

I confirm that the above information is true to the best of my knowledge and I am aware that giving false information will lead to automatic disqualification:

NAME.....

SIGNATURE.....**DATES**.....

b) Area chief/Assistant chief

I certify that the applicant is a resident of my sub-location and that I have checked the information given herein and confirm it to be true to the best of my knowledge.

NAME.....

SIGNATURE & OFFICIAL STAMP.....Phone no.....

Date.....

c). Religious leader (Ordained Pastor, Bishop, Priest, imam)

I wish to confirm that the applicant appeared before me and that I interviewed him/her and hereby state that the information given herein and confirm it to be true to the best of my knowledge.

NAME.....

SIGNATURE.....phone no.....

DATE & OFFICIAL STAMP.....

d). Commissioner of Oaths/Magistrate

The above applicant/ parent /guardian appeared before me and made the solemn declaration that the information given herein is correct.

NAME.....

SIGNATURE.....phone no.....

DATE & OFFICIAL STAMP.....

Part 8: DISCIPLINARY ISSUES (By the class coordinator)

Indicate whether the student has been involved in any discipline issues and verdict passed

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Part 9: CHOGORIA HOSPITAL BURSARY COMMITTEE RECOMMENDATION

Following the evaluation team meeting held on (date).....

The applicant being a needy student as per our evaluation is awarded KSHs_____

If not recommended for award gives reasons:

.....
.....
.....

Chairman_____Signature.....

Date and official stamp

Secretary _____Signature.....

Date and official stamp

INSTRUCTIONS TO THE APPLICANTS

Incomplete forms will not be considered

Attach the following documents

- a) Applicants identity card
- b) Student id copy
- c) Transcript for the previous block of study
- d) Parents death certificate (where applicable)
- e) Evidence of previous sponsorship if any