



Egerton University

BURSARY/WORK STUDY APPLICATION/SCORE SHEET FORM

A. PERSONAL DETAILS

Name.....Reg. No..... ID No..... District.....

Gender.....Year of Study..... Hall of Residence.....

Bank Name..... Account Number.....

*Please tick the appropriate box

Work study Rattansi Bursary SUEU Bursary

TO BE FILLED BY APPLICANT	FOR OFFICAL USE ONLY		
Indicator	Total Weight	Weight Earned	Amount awarded
B. FAMILY BACKGROUND			
1. Status of Parents			
<input type="checkbox"/> Both parents alive	25		
<input type="checkbox"/> One parent alive			
<input type="checkbox"/> Single parent			
<input type="checkbox"/> Parents divorced			
<input type="checkbox"/> Both parents dead			
If Parents Dead or alive, any other Source of Funds:			
	10		
<u>Amount per Year (Ksh.)</u>			
<input type="radio"/> Pension			
<input type="radio"/> Education fund			
<input type="radio"/> Insurance			
<input type="radio"/> Other (specify)			
<input type="radio"/> None			
Total Amount			
2. Occupation and Income of Parents/Guardian:			
	15		
<u>Occupation</u>			
<u>Income per Year (Ksh.)</u>			
(i) Father			

(ii) Mother			
(iii) Guardian			
Total Amount			
3. Number of Siblings in private and public			
(i) In primary school <input type="checkbox"/>			
(ii) In high school <input type="checkbox"/>		20	
(iii) In college/University <input type="checkbox"/>			
(iv) In Employment <input type="checkbox"/>			
C. EDUCATIONAL FUNDING			
1.State the source of funding for your education before University			
(i) Name of primary	Source of funding	30	
School	if charity		
(ii) Name of secondary	Source of funding		
School	if charity		
2. HELB Funding			
	<u>Loan (Ksh.)</u>	<u>Bursary (Ksh.)</u>	
Amount given for the current academic year			
3. Rattansi bursary Fund			
Amount given for the previous academic year (Kshs.)			
4. Community Development Fund			
Amount given for the current academic year (Kshs.)			
5. Work Study Programme			
Amount given for the current academic year (Kshs.)			
6. Current Outstanding Fee Balance (Kshs.)			
(NB Student Finance Officer to certify)			
Name	Signature	Date	
		Rubber stamp	
(Attach all supporting documents in your possession)			
TOTAL		100	

D. DEAN OF STUDENTS/COMMITTEE COMMENTS

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