



**GREAT LAKES UNIVERSITY OF KISUMU
ENTREPRENEURSHIP DIRECTORATE**

**Passport
photograph**

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KISUMU, KENYA
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APPLICATION FORM FOR NEW ENTREPRENEURSHIP SCHOLARSHIP 2019/2020 ACADEMIC YEAR

This form must be completed before one can be considered for financial assistance. Applicant **MUST**:

1. Be enrolled into a full time entrepreneurship programme at Great Lakes University of Kisumu.
2. Have a genuine and dire need for Financial Assistance.
3. Be a full time student during any Semester in which assistance is received.
4. Must have a passion for entrepreneurship development

Fill in the form clearly and completely. Indicate **N/A** if a question is not applicable.

Disclaimer

Any student or person filling this Application form and knowingly gives false or misleading information whether in writing or by attaching herein the false document (s) shall lead to automatic disqualification.

PART A: STUDENT PERSONAL DETAILS

a. Name: _____
Surname
First
Middle

b. GLUK Admission Number. _____ (attach admission letter)

c. Gender: Male: Female:

d. Date of Birth: _____

e. ID Number _____ (attach copy)

f. Special needs:
 Visually Challenged Physically Challenged Other (specify)

g. Name of High School: _____

h. KCSE grade attained: _____ (attach copy of KCSE result slip)

i. Address: P.O. Box: _____

j. County: _____ Sub-County _____ Constituency _____ Ward _____

k. Mobile Telephone Number: _____

l. Alternate Mobile Telephone _____

m. E-mail address: _____

PART B: PARENTS DETAILS

1. FATHER'S DETAILS.

Is Father Alive? Yes No

If No give date of death (*Attach Death Certificate*)

If Yes Provide his details below

Name _____ ID Number _____

Telephone number _____ Occupation _____

Employer Details (Name and Address) _____

2. MOTHER'S DETAILS

Is Mother Alive? Yes No

If No give date of death (*Attach Death Certificate*)

If Yes Provide his details below

Name _____ ID Number _____

Telephone number _____ Occupation _____

Employer Details (Name and Address) _____

3. GUARDIAN/SPONSOR

a) Name: _____ b) Mobile telephone: _____

c) ID/ No: _____ d) Occupation: _____

e) Name and address of employer: _____

PART C: INFORMATION ABOUT FINANCIAL STATUS

NOTE: This scholarship is limited to needy student who have shown interest and applied to entrepreneurship program at Great Lakes University of Kisumu and will therefore only be awarded to students who are pursuing the course and are in genuine financial difficulties.

1. (a) Gross family income in the last 12 months

ITEM	FATHER	MOTHER	GUARDIAN/ SPONSOR	TOTAL
Gross income from employment (Salary, or Pension)				
Income from Business e.g. Shop, Hotel, Matatu.				
Income from farming e.g. Crops, Livestock, Poultry, Fishing.				
Income from other sources e.g. Shares, Dividends, Interest				
Income from Harambee and Donations.				
Others e.g.CDF, HELB, NGO				
TOTAL				

(b) Applicant’s Siblings in Educational Institution (Please attach documentary evidence)

CHILD’S NAME	INSTITUTION NAME	YEAR OF STUDY	EXPECTED EDUCATION EXPENDITURES
1.			
2.			
3.			
4.			
5.			
6.			
TOTAL			

(c) Number and age of siblings not in school _____

PART D: BRIEFLY DESCRIBE WHY YOU NEED THIS ENTREPRENEURSHIP SCHOLARSHIP

PART E: ADDITIONAL INFORMATION

How will the entrepreneurship scholarship enable you to achieve your full potential?

CERTIFICATION

I hereby certify that all the information I have provided on this form is true, correct, and complete. I hereby authorize Great Lakes University of Kisumu or its representatives to obtain such additional information concerning my educational programme and financial records needed to complete processing of this application. It is also my understanding that Great Lakes University of Kisumu, may, as it seems appropriate, release to others who may be considering me for financial assistance or making decisions relating to my educational plans, information concerning the amount of any award I may receive.

Applicant signature: _____ **Date:** _____

Note: The filling of an application form for entrepreneurship scholarship from Great Lakes University of Kisumu does not guarantee that the applicant will receive Aid.

FOR OFFICIAL USE ONLY

Date Received _____ Receiving officer _____ Signature _____