	MAMA NGINA UNIVERSITY COLLEGE QUALITY MANAGEMENT SYSTEMS	Ref:	MNUC/ASA/SA&O/SAP/1.0
		Ver:	1.0
Title:	STUDENT AID APPLICATION FORM	Date:	2024

Email: head-studentaffairs@mnu.ac.ke | Phone: 0742 619558

Section A: Personal Information

1. **Full Name**: _____
2. **Student ID Number**: _____
3. **Program of Study**: _____
4. **Academic School**: _____
5. **Year of Study**: _____
6. **Email Address**: _____
7. **Phone Number**: _____
8. **Residential Address**: _____

Section B: Circumstances and Need

1. **Select the type(s) of assistance you are requesting (check all that apply):**
   - ☐ Dry Foodstuffs (e.g., rice, maize flour)
   - ☐ Toiletries (e.g., soap, sanitary towels)
   - ☐ Stationery (e.g., notebooks, pens)
   - ☐ Meals
2. **Are you currently receiving any form of financial aid (e.g., HELB, bursaries, scholarships)?**
   - ☐ Yes
   - ☐ No

   If yes, please specify:
   _____

Section C: Eligibility Information

1. **Do you have difficulties meeting basic necessities like tuition, accommodation, or meals without external assistance?**
   - ☐ Yes
   - ☐ No

2. **Have you missed classes, exams, or ever deferred due to financial constraints?**

- ☐ Yes
- ☐ No

PART D: FAMILY INFORMATION 1 Tick appropriately Family Status

- ☐ Both parents are alive
- ☐ One parent deceased
- ☐ Orphaned
- ☐ Single Parent
- ☐ Both Parent and one parent/Guardian has a disability

(*Attach supporting documents e.g., death certificate, letter explaining disability or other disadvantage/circumstances from chief, religious leader, prominent reference*)

3. Parents/Guardian's Name(s) ……
   Father Occupation/Profession …….
   Contact …….
   Age ……
   Mother ……...
   Age ……
   Occupation/Profession ……..
   Contact ……...
   Guardian Occupation/Profession ……...

4. How many siblings do you have? ……....
   How many children does the guardian have? ……..
   How many of your siblings are working/ in business/ farming? …….

   Give details of your siblings/ guardian's children in secondary or postsecondary institutions in the table below;

Sibling/Guardian's Children Name	Name of institution	Year of study	Total fees	Fees paid	Outstanding balance
Grand Total					

5. If an orphan, who has been paying for your education? (State)
   Name: _____
   Relation: _____
   Contact: _____

6. **Are you from a marginalized or underserved community?**

☐ Yes

☐ No

Kindly provide details:

_____

_____

_____

Section E: Information about Family Financial Status

	Father	Mother	Guardian/Sponsor
Main Occupation			
Other Occupation that raises income			
Gross Income			

Gross income: (This means income from salary, business, farming, or any other lawful source per year.)

Section F: Other Disclosures

DISCLOSURE OF ANY OTHER BURSARY BENEFIT

i. Have you received any other bursary or support from a public source? (Tick the relevant box)

☐ Yes

☐ No

If yes, disclose the source and the amount granted Source Years received Amount granted:

_____

_____

ii. Have you applied for financial support from HELB or/and other sponsors/student financiers?

☐ Yes

☐ No

iii. If YES, state the outcome and why you should be granted a bursary under this programme:

_____

_____

_____

iv. If No, state the reason**:**

_____

_____

_____

G: REFEREE INFORMATION

1. **Referee Name**: _____
2. **Referee Relationship**: _____
3. **Referee Contact (Phone/Email)**: _____
4. **Recommendation Source (if applicable):**

- ☐ School Recommendation
- ☐ SGC/Congressperson Recommendation

SECTION E: DECLARATION

I…….. declare that the information provided in this form is true and accurate to the best of my knowledge. I understand that any false information may disqualify me from receiving aid.

Signature: _____ **Date**: _____

Submission Instructions

- **Soft Copy**: Send the completed form to **head-studentaffairs@mnu.ac.ke**.
- **Hard Copy**: Submit to the Office of Student Affairs and Outreach.

Note: Applications are accepted within the first week of every month. Students are eligible to apply for aid **once per semester**.

Also, for verification, your admission files will be utilized.