



The Mombasa Polytechnic University College



A CENTRE OF EXCELLENCE

BUSARY REQUEST FORM (To Be Filled In Quadruplicate)

PART A: STAFF DETAILS

Last Name: _____ First Name: _____ Middle Name: _____
 ID/No: _____ Staff No: _____ PIN: _____
 Date of first Appointment: _____ Designation: _____
 Current Grade: _____ Current Department: _____
 Employment Term: Permanent & Pensionable Contract Temporary Casual
 Staff Member: _____
 Signature: _____ Date: _____

PART B: STUDENT DETAILS

Last Name: _____ First Name: _____ Middle Name: _____
 Date of Birth: _____ ID/No: _____ Student No: _____
 Department: _____
 Course Title: _____ Duration: _____
 Semester: _____ Current Semester Fee: Kshs. _____
 Student: _____
 Signature: _____ Date: _____

PART C: CONFIRMATION OF BURSARY DETAILS

Confirmed the student's record in Part B above is true and correct.
His/Her* academic performance is *Below Average/ Average/Above Average **
 Other comments (*If any*): _____
 Chairperson - Training Department: _____
 Signature: _____ Date & Official Stamp: _____

PART D: VERIFICATION OF BURSARY REQUEST

1. Verified that the student **is/is not** a child of the member of staff applying for the bursary.
 2. The age of the child is **within/beyond*** the age limit for bursary consideration on **first admission**.
 3. Copies attached: (a) Certificate of Birth on First Application *Attached/Not Attached**
 (b) Current Semester Fee Statement *Attached/Not Attached**
 (c) Last Semester Academic Results *Attached/Not Attached**
 Overall Comment: The applicant **is/is not*** eligible for the bursary.
 If not eligible, give reasons: _____
 Assistant Registrar (HRM) _____
 Signature: _____ Date & Official Stamp: _____

PART D: APPROVAL	PART E: ACTION
Bursary <i>Approved/Not Approved*</i>	Bursary of Kshs. _____ <i>Granted/Not Granted*</i>
Principal (Signature) _____ Date & Official Stamp _____	Finance Officer (Signature) _____ Date & Official Stamp _____

- NB:** 1. * Delete Whichever Not Applicable.
 2. Single Copies Of Certificate Of Birth And Student Fee Statement Should Be Attached.
 3. Distribution of Copies: Original – Finance Officer, Duplicate – Staff File, Triplicate – Training Department, Quadruplicate – Staff Member
 4. Age Limit On First Admission Is Twenty Four (24) Years.

OUR VISION : "A WORLD CLASS UNIVERSITY OF ENGINEERING, SCIENCE & TECHNOLOGY"