

CHANCELLOR'S SCHOLARSHIP-2015

Application Form

Name:		
(Last)	(First)	(Middle)
Gender: (Tick · as appropriate) Male	Female	
Date of Birth:		
(Day) Home District:	(Month)	(Year)
(District)	(Province)	(Country)
Permanent Address:		
Phone/ Mobile No:		
Last Secondary School attended:	ended:Year completed KCSE	
Results (Mean Grade) Obtained:		
Course applying for: (Tick -as appropriate)) Bachelor of Science in IT	Bachelor of Commerce
Bachelor of Business Information T Referees Name and Address(s)	Technology	
1. Name:		
Address:Pho	one/ Mobile No:	
2. Name:		
Address:Pho	one/ Mobile No:	
Attach copies of your result slips, school	and birth certificates	
Undertaking		
I give KCA University the right to verify t		
the University permission to publish my p this scholarship in the media and other		
consideration of the scholarship I will reco		
otherwise, in return for the use of my person		omeration, monetary of
Signature:	Date:	

Submit this form no later than April 24, 2015 to:

The Scholarship Board KCA University Box 56808 -00200, Nairobi Tel: (020)020 3537842/ 807040/9 Mobile: 0722-869917 or 0710-888022

email registrar@kca.ac.ke or vivian@kca.ac.ke Website: www.kca.ac.ke