



KenGen FOUNDATION
EDUCATION SCHOLARSHIPS STIPEND APPLICATION FORM

STUDENT CONTACT DETAILS:

NAME: _____ YEAR: 1st 2nd 3rd 4th 5th 6th

UNIVERSITY: _____ REGISTRATION No: _____

COURSE: _____ CURRENT SEMESTER: 1st ; 2nd ; 3rd

PERSONAL MOBILE No: _____ PERSONAL EMAIL ADDRESS: _____

DOMICILE STATION: _____ APPLICATION DATE: _____

BANKING DETAILS:

BANK: CO-OPERATIVE BANK OF KENYA

ACCOUNT NAME: _____ ACCOUNT NUMBER: _____

BRANCH: _____

PERFORMANCE REVIEW: (Kindly attach transcripts)

I have submitted my current performance transcript to KenGen Foundation's Scholarship Program:

Yes No

If no give reason.

NOTE

Application of stipend will **only** be processed upon receipt of all **performance transcripts**.
 Application Form should be submitted together with **fees statements** two weeks before reporting date of a new semester.

KenGen Foundation
 P.O. Box 47936 - 00100, Nairobi
 Kolobot Road, Parklands

Programs Department - Anthony Igecha

Accounts Department - Dorcas Arama