

PART 2. PARENTS INFORMATION

FATHER. Check the box if Deceased <input type="checkbox"/>			MOTHER Check the box if Deceased <input type="checkbox"/>		
1. Surname		a) Other Name(s)	1. Surname		a) Other Name(s)
2. Marital Status	b) Married <input type="checkbox"/> c) Separated/Divorced <input type="checkbox"/>		2. Marital Status	a) Married <input type="checkbox"/>	b) Separated/Divorced <input type="checkbox"/>
3. Residential Address	4. Number of Children	5. Phone #	3. Residential Address	4. Number of Children	5. Phone #
6. Type of Occupation/Work		7. Unemployed <input type="checkbox"/>	6 Type of Occupation/Work		7. Unemployed <input type="checkbox"/>

PART 3. STUDENT'S DECLARATION

I hereby certify that the facts stated in the above application, as well as any submitted materials, are true and correct to the best of my knowledge. The fund administrators are therefore authorized to conduct an investigation into my financial and academic standing

Applicants' Name

Applicants' Signature

Date

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PART 4. NAME AND ADDRESS OF REFEREE

Please provide details of a referee. He/She **MUST** be a Senior Member of the **University**.

REFEREE			
Name			Position
Address			Date

Signature & Stamp

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Follow the link to register online before submitting this application form.

<https://bit.ly/KBN-Bursary24-25>

Alternatively, you can scan the QR Code to register.

