

FINANCIAL AID APPLICATION FORM

This form must be completed before you can be considered for financial assistance. Students must:

1. Be admitted into a degree program at United States International University.
2. Attained a minimum cumulative GPA required for the scholarship program applied.
3. Be a full time student during the Semester in which assistance is needed.
4. A typed **motivational letter** highlighting the aid program being applied for and the reason(s) for applying.

Disclaimer

Any student filling this application form and knowingly gives false or misleading information whether in writing or by attaching false documents shall automatically be disqualified.

PART A: STUDENT PERSONAL DETAIL

1. Full Name;

a) Mr./Mrs./Miss: _____
Last: First Middle

b) USIU-AFRICA ID# _____ Program: UNDG GRAD Doctorate Major: _____

c) Type of Financial Aid applied for: _____

d) Cumulative GPA _____ Unit: _____

e) Citizenship: _____

f) Male: Female:

g) Date of Birth: _____

h) Marital Status (*CHECK ONE*)

Single Married Separated Divorced Widowed

2 Mailing Address: P. O. Box: _____ Code: _____

Town: _____ Country: _____ Tel: _____

District of Birth: _____

Place of Birth (Choose one): Urban Rural

State the Name of the Place _____

E-mail Address: _____

For Official Use; Dean of Students

Has the above candidate been subjected to any disciplinary sanctions as stipulated in the USIU-Africa student handbook?

Yes No

If yes, indicate level of sanction.....

Indicate any other reasons that may make the student ineligible to apply for Financial Aid

.....

Dean of Students..... Signature..... Date.....

PART B: PARENTS DETAILS

1. FATHER	2. MOTHER
a) Is your Father Alive? Yes. <input type="checkbox"/> No. <input type="checkbox"/> b) If Yes give his Age; _____ c) If No, give Date of Death; _____ (Please attach Death Certificate) d) If yes in (a) above, please fill below e) Name; _____ f) ID/No: _____ PIN/No: _____ g) Highest Level of Education; _____ h) Occupation /Professional; _____ i) Name and Address of Employer(s): _____ _____ j) If retired give Name(s) and Address of Last Employer(s); _____ _____	a) Is your Mother Alive? Yes <input type="checkbox"/> No. <input type="checkbox"/> b) If yes give her Age; _____ c) If No, give Date of Death; _____ (Please attach Death Certificate) d) If yes in (a) above, please fill below e) Name; _____ f) ID/No: _____ PIN/No: _____ g) Highest Level of Education; _____ h) Occupation /Professional; _____ i) Name and Address of Employer(s): _____ _____ j) If retired name and address of last Employer; _____ _____

3. Guardian/Sponsor:

- a) Name: _____
- b) ID/No: _____ PIN/No: _____
- c) Highest Level of Education: _____
- d) Occupation /Professional: _____
- e) Name and Address of Employer: _____

PART C: INFORMATION ABOUT FINANCIAL STATUS

Note: Financial Aid at USIU-AFRICA is limited due to the large number of students applying for assistance and is therefore only awarded to students who are in critical financial difficulties. On average the grant(s) pays for about 25% of the tuition and the student/parent is expected to raise the other 75%.

1. GROSS FAMILY INCOME IN THE LAST 12 MONTHS

	SELF	SPOUSE	FATHER	MOTHER	SPONSOR/GUARDIAN	TOTAL
GROSS INCOME FROM EMPLOYMENT (SALARY OR PENSION) ATTACH PAY SLIP (Certified by Employer)						
INCOME FROM BUSINESS E.G. SHOP/RENT/HOTEL/MATATU						
INCOME FROM FARMING E.G. CROPS/LIVESTOCK/FISHING						
INCOME FROM OTHER SOURCES/SHARES/DIVIDEND/INTEREST						
INCOME FROM HARAMBEE AND DONATIONS						
INCOME FROM LOANS (E.G. COOPERATIVES AND BANKS)						
OTHERS						
TOTAL						

2. EXPENSES

(a) APPLICANT CHILDREN IN EDUCATIONAL INSTITUTION
(Please include documentary Evidence)

CHILD'S NAME	INSTITUTION NAME	YEAR OF STUDY	INSTITUTION TYPE Primary/Sec/College/ University	EXPECTED EDUCATION EXPENDITURES
1.				
2.				
3.				
4.				
Total				

(b) APPLICANT'S SIBLINGS IN EDUCATIONAL INSTITUTION

(Please include documentary Evidence)

CHILD'S NAME	INSTITUTION NAME	YEAR OF STUDY	INSTITUTION TYPE Primary/sec/college/ University.	EXPECTED EDUCATION EXPENDITURES
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Total				

C) OTHER FAMILY EXPENDITURE IN THE LAST 12 MONTHS IN KENYA SHILLINGS

ITEMS	APPROX. AMOUNT IN (Kshs.)
1. Food (estimate)	
2. Medical (attach evidence)	
3. Clothing (estimate)	
4. Rent (attach evidence)	
5. Travel/commuting and fuel Expense	
6. Others	
TOTALS	

PART D: ADDITIONAL INFORMATION

a) Apart from the Financial Assistance you are applying for at USIU-AFRICA are you on any other scholarship(s)?

Yes: No:

b) If yes, Please Specify and provide evidence; _____

c) Total Value of Scholarship; _____

Important

- a) A typed Letter indicating the name of the Aid Program or Scholarship being applied for and why you need Financial Aid.
- b) Copy of the sponsor's most recent (last three months) bank statement or M-Pesa statements for the last 6 months.
- c) Any of the following additional documents are required for further verification.
 - 1. A copy of the most Current Pay slip
 - 2. A copy of Retirement, Retrenchment or Dismissal letter
 - 3. A copy of Death Certificates

Parent's/Guardian's / Sponsor's Declaration

I declare that I have read this form/ has been read to me and I hereby confirm that the information given herein is true and to the best of my knowledge.

Name; _____

Signature: _____ Date: _____

If you wish to make additional comments, please attach a separate sheet of paper.

Deadlines should be adhered to strictly. Application deadlines are as follows:

Semester	Deadline
Fall Semester	1 st Week of Fall Semester
Spring Semester	1 st Week of Spring Semester
Summer Semester	1 st Week of Summer Semester

CERTIFICATION:

I certify that all the information I have provided on this form and all supplementary forms are true, correct, and complete. I hereby authorize the USIU-Africa Office of Financial Aid or its representatives to obtain such additional information concerning my educational program and financial records needed to complete processing of this application. It is also my understanding that the University, may, as it seems appropriate, release to others who may be considering me for financial assistance or making decisions relating to my educational plans information concerning the amount of any award I may receive.

Student Name: _____ **Signature** _____ **Date:** _____

Note: The filling of an application for Financial Assistance, does not guarantee that a student will receive Financial Aid. Financial Aid is very limited and its receipt is upon the availability of funds and the number of students that apply for Financial Assistance.

Please note that incomplete applications will not be processed

For Official Use Only

FINANCIAL AID APPLICATION CHECKLIST

STUDENT NAME: USIU-AFRICA ID:
SEMESTER: YEAR:
PROGRAM APPLIED FOR: UNITS:
CUM G.P.A: AID APPLYING FOR:

✓ **DOCUMENTS SUBMITTED:**

1. Application form duly filled and signed
2. Letter applying for financial aid
3. Date Application Received.....

Supporting documents (Any two of the following):

- The most Current Bank Statements (last three months)
- The most Current Pay slip
- Retirement, Retrenchment or Dismissal letter
- Death Certificates
- Others, Specify-----

✓ **FINANCIAL AID COMMITTEE DECISION:**

1. APPROVED
2. NOT APPROVED

✓ **IF NOT APPROVED, REASON:**

1. Lack of supporting documents
2. No demonstrated Need
3. Lack of CWO/GA Opportunity
4. Cumulative GPA is below requirement
5. Student not registered/not in session
6. Others (specify)-----

APPENDIX 1:

FINANCIAL AID PROGRAM	ELIGIBILITY CRITERIA
VICE CHANCELLOR'S GRANT	<ul style="list-style-type: none"> • Be enrolled for a minimum of three courses (9 units) every semester. • Must maintain a cumulative GPA of 3.3 and above to remain eligible.
CAMPUS WORK OPPORTUNITY	<ul style="list-style-type: none"> • Be enrolled for a minimum of three courses (9 units) every semester. • Must maintain a cumulative GPA of 2.5 and above to remain eligible.
STUDENTS' COUNCIL GRANT	<ul style="list-style-type: none"> • Must be continuing full time students with a cumulative GPA of 3.0
EDUCATE YOUR OWN (EYO) SCHOLARSHIP	<ul style="list-style-type: none"> • Must be continuing full time students with a cumulative GPA of 2.0 for undergraduates and 3.0 for graduates.
SPECIAL NEEDS GRANT	<ul style="list-style-type: none"> • Must be continuing full time students with a cumulative GPA of 2.0
EXNESS FULL SCHOLARSHIP	<ul style="list-style-type: none"> • Must be continuing USIU-Africa student with a cumulative GPA of 3.0 • Be enrolled in Data Science & Analytics and Software Engineering.
GRADUATE ASSISTANT	<ul style="list-style-type: none"> • Be enrolled for a minimum of two courses (6 units) every semester. • Must maintain a cumulative GPA of 3.2 and above to remain eligible.
DOCTORAL TEACHING AND RESEARCH ASSISTANT	<ul style="list-style-type: none"> • Be enrolled for a minimum of two courses (6 units) every semester. • Must maintain a cumulative GPA of 3.3 and above to remain eligible.