



THE KENYA SCHOOL OF LAW SCHOLARSHIP AND ENDOWMENT FUND

APPLICATION FORM

Name:

\_\_\_\_\_

(Last) (First) (Middle)

Name of Parent:

\_\_\_\_\_

(Last) (First) (Middle)

Gender: (Tick as appropriate)

(Male)

(Female)

Date of Birth:

\_\_\_\_\_

(Day) (Month) (Year)

Permanent Address:

\_\_\_\_\_

Phone/Mobile No. \_\_\_\_\_ Email: \_\_\_\_\_

Referees Names and Address(s)

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_

2. Name: \_\_\_\_\_

Address \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_

Attach copies of documents as required in the Endowment Fund Guidelines.

Undertaking.

I give my permission to The Kenya School of Law Endowment Fund to make necessary enquiries to confirm the information I have provided in this application. Further I give The Kenya School of Law Endowment Fund permission to publish my picture and other personal information I have provided regarding this scholarship in the media. I understand this permission is given in consideration of the scholarship I will receive, and that I will receive no other consideration, monetary or otherwise, in return for the use of my image or information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit this form to:

Endowment Fund Committee

The Kenya School of Law

P.O. Box 30369-00100

NAIROBI

Tel: (020) – 2699581/2/3/4/5/6

Email: [endowmentfund@ksl.ac.ke](mailto:endowmentfund@ksl.ac.ke) Website: [www.ksl.ac.ke](http://www.ksl.ac.ke)