MEDICAL FORM

Surname:	Other names:	Date of Birth:	Gender:

TO BE FILLED OUT BY APPLICANT

	Have you/or do you suffer from any of the following:	Yes	No	If yes please specify
1	Hypertension			
2	Diabetes			
3	Epilepsy			
4	Mental disorder			
5	Tuberculosis			
6	Bronchial asthma			
7	Visual disorder			
8	Malaria			
9	Sexually transmitted diseases (including AIDS)			
10	Are you currently on any medication?			
11	Are you currently pregnant?			

TO BE FILLED OUT BY FAMILY PHYSICIAN /PRACTIONER

	Has the applicant suffered /suffering from the following:	Yes	No	If yes, please specify
1	Hypertension			
2	Diabetes			
3	Epilepsy			
4	Mental disorder			
5	Tuberculosis			
6	Bronchial asthma			
7	Visual disorder			
8	Malaria			
9	Heart (cardiovascular)			
10	Malignant disorder			
11	Sexually transmitted diseases (including AIDS)			
12	Gynecological disorders			
13	Currently on any medication?			
14	Currently pregnant?			

PHYSICAL EXAMINATION: PLEASE SPECIFY

1	Blood pressure						
2	Cardiac functions						
3	Liver						
4	Lymph nodes						
5	Respiratory						
6	Edema of legs						
7	Spleen						
8	Any other						
9	Lab tests	ESR	HB/HCT	WBC	HIV	URINE GLUCOSE	URINE PROTEIN
	Results						
10	Physician's conclusions /General remarks:						
	Physician's name:			Signature and stamp:		Date:	

STUDENT DATA FORM

PART A: PERSONAL INFORMATION

NAME OF STUDENT: ………………………………………………………………………………… ADM NO……..………………

NATIONAL ID NO: …….…………………………………………...... CLASS: …………………….....................……..........

DATE OF BIRTH ………………………………………MARITAL STATUS: ……………….................. GENDER: ………………….

STUDENT TEL NO: ………………………………… P O BOX ………………………………...….…………………………………

DISTRICT OF BIRTH: ……………………………….. DIVISION: …………………… LOCATION: …...……………….……………..…

SUB LOCATION: …………………………………….. COUNTY: …………………… NEAREST MARKET…………………………….

AREA CHIEF: ……………………………………….. SUB CHIEF: ………………….. CONTACT ADDRESS: ………………………….

OTHER INFORMATION

TICK THE MOST APPROPRIATE CATEGORY THAT YOU BELONG.

TOTAL ORPHAN ☐ PARTIAL ORPHAN ☐ YOUTH FROM POOR HOUSEHOLD ☐

FEMALE YOUTH PERSUING SCIENCE, TECHNOLOGY OR ENGINEERING COURSES ☐

YOUTH WITH SPECIAL NEEDS: ☐ IF YES, SPECIFY (Blind, deaf, physically challenged, etc.)

PART B:

CATEGORY	NAME OF SCHOOL	FROM (PERIOD)	TO (PERIOD)	GRADE/POINTS OBTAINED
PRIMARY:	…………………..……………………………..	….………………	…………………..	....
SECONDARY:	…………………..…………………………	….……………….	…………………..	....

OTHERS:……………………………………………………....……………………………………..

PART C.

ARE YOU PRESENTLY EMPLOYED (TICK APPROPRIATELY) YES ☐ NO ☐

NAME OF EMPLOYER: ………………….……………….………….ADDRESS: ……………….………….………………….……….………

WHO WILL BE PAYING YOUR FEES? (Tick) SELF ☐ PARENT ☐ SPONSOR ☐ GUARDIAN ☐

NAME: …………………………….………ADDRESS: …………………………………. TEL NO: ………………………..…………………… NEXT OF KIN ………………………………TEL NO: …………………………..RELATIONSHIP…………………………………………….

PART D.

DO YOU SUFFER FROM ANY SERIOUS DISEASES? YES ☐ NO ☐

IF YES, NAME OF THE DISEASE: ………………………………………… HOW OFTEN DOES IT ATTACK YOU: ………………………

WHERE WOULD YOU LIKE TO BE HOSPITALIZAD WHENYOU FALL SICK (Private Hospital/Guardian Hospital)

NAME OF HOSPITAL: ………………………………………………………………………………………….…………………….

PART E:

WHICH ARE YOUR HOBBIES/EXTRA CURRICULAR ACTIVITIES?

…………………………………………..……………………………………………………………………………………………………
………………………………………………………………...………………………………………………………………………………….

PART G. DECLARATION

I ____ID NO:________________________

I DO DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

SIGNED……………………………… DATE ……………………………

FEES STRUCTURE

Following your placement in this institution, you are eligible for a Government Scholarship, Loan and Bursary to assist with your educational expenses. If you need Government financial support, you **MUST** make an application for consideration through the official website **www.hef.co.ke**. In case the Government Scholarship, Loan and Bursary do not cover the entire cost of your program me, the deficit will be met by your parent/guardian.

Requirements for HELB Loan and Scholarship application process:

1. Applicant's valid email address and a valid telephone number;
2. Applicant's KCPE and KCSE index numbers and year of examination;
3. Applicant's Passport size photo (in jpeg/jpg/png);
4. Applicant's copy of the National ID/Maisha Card (both sides in PDF);
5. Applicant's valid bank details or valid MPESA number (registered under the applicant's name and ID number);
6. Parents' National ID and registered telephone number;
7. Copy of Parent's death certificate if deceased (in PDF);
8. Applicant's birth certificate in PDF (if applying as a minor);
9. Two guarantors' ID numbers and registered telephone numbers (Can be parents); and
10. Copy of the sponsorship letter (in PDF) if sponsored in Secondary school.

Total fee per academic year is **Ksh. 67,189**. The household fees payable by the parent/guardian will be determined after making an application on the portal (**www.hef.co.ke**) and categorization of a student as either vulnerable, extremely needy, needy or less needy.

S/No.	Band	Government Scholarship Amount	Loan	Household Fees
1	Band 1	47,032	15,118	**5,039**
2	Band 2	40,313	18,813	**8,063**
3	Band 3	33,595	21,500	**12,094**
4	Band 4	26,876	25,531	**14,782**
5	Band 5	20,157	28,891	**18,141**

All payments are strictly done on the college account: **Bank: KCB (Kisii Branch), Account Name: Kitutu Masaba Technical and Vocational College, Account Number: 1284015963**