HELB REQUIREMENTS

Applicants Details
Full Names: _____
ID Number: _____
K.R.A Pin No: _____
Date of Birth:_____
Gender: _____
Email address: _____
Mobile No:_____
Box Number: _____
County: _____
Sub Location:_____
Location: _____
Division:_____
Marital Status:_____
Town/City:_____
Nearest public school:_____
Village:_____
Ward _____
Constituency:_____

Nearest Primary school (curent residenc)
Name: _____
School Type (Public/Private) _____
County _____
Constituency _____
Ward _____
Location _____
Sub-Loc _____
Town _____
Village _____

University Details
University Name:_____
Faculty: _____
Course _____
Year of admission:_____
Year of Ending _____
Admission category: _____
Reg/Adm No:_____
Year of Admis: _____
Total Fee _____
Amount applied for: _____
Amount you can raise: _____
You need bursary?_____

Primary school;
Name: _____
School Type (Public/Private) _____
Index No:_____
Start year: _____ To_____
Marks: _____

Secondary school
Name:_____
School Type (Public/Private)_____
Start year: _____ To _____
Index no: _____
Grade: _____

Father: Names _____
Parent Alive (Yes/No)? _____
Death Cert No. _____
If Alive
Parents' marital status: _____
ID No: _____
Year of birth:_____
Level of education: _____
Pin no:_____
Phone no: _____
Occupation:_____
Monthly income:_____
Employers/ contact: _____
Are you an orphan/_____
Mother: Name _____
Parent Alive (Yes/No)? _____
Death Cert No. _____
If Alive
Parents' marital status: _____
ID No: _____
Year of birth:_____
Level of education: _____
Pin no:_____
Phone no: _____
Occupation:_____
Monthly income:_____
Employers/ contact: _____
Are you an orphan/_____

Monthly expenses
Food:_____
Clothing: _____
Rent: _____
Travel: _____

1. Siblings in secondary/univerity;
NAME _____
School _____
Annual Fee: _____

2. Siblings in secondary/univerity;
NAME _____
School _____
Annual Fee: _____

3. Siblings in secondary/univerity;
NAME _____
School _____
Annual Fee: _____

Guarantor 1:
Name _____
ID No:_____
Phone No: _____
Box/Address No: _____
Postal Code _____
Occupation _____
County: _____
Constituency:_____
Division: _____
Location: _____
Ward _____
Sub-Loc _____
Year of Birth: _____
Employed? (Yes/No) ___
If Yes
KRA PIN _____
Employer _____
Employer Email _____
Employer Phone No _____
Employee No _____

Guarantor 2:
Name _____
ID No:_____
Phone No: _____
Box/Address No: _____
Postal Code _____
Occupation _____
County: _____
Constituency:_____
Division: _____
Location: _____
Ward _____
Sub-Loc _____
Year of Birth: _____
Employed? (Yes/No) ___
If Yes
KRA PIN _____
Employer _____
Employer Email _____
Employer Phone No _____
Employee No _____

Bank Details:
Bank Name: _____
Bank Account No. _____
Branch _____