



Adventist University of Africa

A Seventh-day Adventist Institution of Higher Education

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Scholarship Application Form

PERSONAL INFORMATION TO BE COMPLETED BY THE APPLICANT

Last Name: _____ First Name: _____

Student Identification Number: _____ Year of Admission: _____

Programme of Study: _____ School: _____

Name of scholarship-applied for _____

Are you sponsored for your school fees at AUA? Yes No

If Yes, indicate sponsoring organization: (select all that apply)

- SDA Church organization (Local church, Mission, Union, Conference, Division, etc.)
- Non SDA organization (Employer, Government, School/University, etc.)
- Family member(s)
- Friend(s)
- By scholarship (Please name the scholarship) _____

If No, describe your source for financing your school fees: _____

Please attach all other relevant documentation to this application.

COMMITMENT

I commit myself that if the scholarship is granted to me, I will make good use of it and do my possible best to study towards my degree programme at AUA

I agree to the above statement I do not agree to the above statement

Student signature: _____

DECISION OF THE AUA ADBOARD

Awarded (Amount granted in USD): _____

Rejected (Reasons) _____

Date of Action: _____