



Bursary Request Form

Parent's First Name: _____

Parent's Last Name: _____

Guardian's Full Name (if Guardian): _____

Mobile Number: _____ Email: _____

Expected Joining Date at KISU: _____

Please tick: - New Parent - Existing Parent

Details of Children

Name of Child	Date of Birth / Gender	Year Group at KISU	Existing Bursary

Father's Company Name: _____

Mother's Company Name: _____

Expected Duration of Stay in Uganda (years): _____

Declaration:

I confirm that I am responsible for paying my child's school fee from my personal income while living in Uganda; I am not able to reclaim the full cost of my children's education from my employer, as part of my current employment contract.

Signed: _____ Date: _____