



FORM NO.....

**WAKA CMEC TRAINING INSTITUTE  
SCHOOL OF NURSING AND MIDWIFERY  
P.O BOX 188 NYERI**

**DIPLOMA IN NURSING AND MIDWIFERY SCHOLARSHIP APPLICATION FORM**

**NOTE:** 1. All information should be filled in **BLOCK LETTERS.**

2. False or incomplete information will lead to automatic disqualification.

**PART 1. STUDENTS PERSONAL DETAILS.**

Name .....Telephone.....

Age .....Date .....

Country .....County.....

Sub-county.....Division.....

Location.....Sub-location.....

Village.....

Gender: Female { }

Male { }

Special need: YES { }

NO { }

If yes which one, specify.....

WAKA Continuing Medical Education Centre (CMEC) – P. O Box 188 -10100, Nyeri Kenya.

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Website: [www.wakamedcenter.org](http://www.wakamedcenter.org); [WAKA CMEC Facebook](#)

Phone: (+254) 707 472152 (+254) 722 963213

**PART 2: PARENT/GUARDIAN DETAILS.**

DETAILS	NAME	ID NUMBER	TELEPHONE	ALIVE OR DECEASED	OCCUPATION /PROFESSION
FATHER					
MOTHER					
GUARDIAN					

***N.B ATTACH EVIDENCE OF DEATH FOR THE DECEASED  
(PERMIT/CERTIFICATE) OR A REPORT FROM CHIEF/SUB-CHIEF***

**PART 3. SIBLINGS/DEPENANTS**

NO	NAME OF SIBLING/DEPENDANT	NAME OF THE INSTITUTION	LEVEL OF STUDY
1			
2			
3			
4			
5			
6			

**SECTION 4: DECLARATION**

**STUDENT.**

I declare that the information I have given herein is true to the best of my knowledge.

Student's signature .....Date.....

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**PARENT/GUARDIAN DECLARATION.**

I declare that I have read this form and I hereby confirm that the information given herein is true to the best of my knowledge.

Parent/guardian signature.....Date.....

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**RELIGIOUS LEADER DECLARATION.**

Please comment on the status of the of the family/parent(s)/Guardian.

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I certify that the information I have given herein is true to the best of my knowledge.

Religious leader's name.....Date.....

Signature .....Date and Official stamp.....

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**ADMINISTRATION/CHIEF DECLARATION.**

Please comment on the status of the of the family/parent(s)/ Guardian

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I certify that the information I have given herein is true to the best of my knowledge.

Chief /Ass-chief's name.....Date.....

Signature.....Date and Official stamp.....

**SECTION 5: FOR OFFICIAL USE ONLY (BY WAKA INSTITUTE OF NURSING AND MID-WIFERY BOARD).**

RECOMMENDED { }

NOT RECOMMENDED { }

Reason.....

Director .....Sign .....Date.....

Administrator .....Sign.....Date.....

Principal .....Sign.....Date.....