



EAST AFRICA VISION INSTITUTE

SCHOOL OF MANAGEMENT AND HUMAN CAPACITY BUILDING

Eldoret Campus
Skymart Building
1st Flr Rm F45
Next to Raiya Supermarket

Eldoret Main Campus
City Plaza Next To
Bandaptai Hotel

Nakuru Campus
Prime Plaza
4th Flr Rm 502
Opposite Gate House

P.O. Box 6662-30100 Eldoret,
Tel: +254722394443
Email: info@eavi.ac.ke

Our Ref: EAVI/7952/2019

Your Ref:

Date:.....

**THE CHAIRPERSON
BURSARY COMMITTEE**

Dear Sir/Madam

RE: BURSARY SUPPORT FOR,

Name: _____

The above named student Adm. No. _____) has enrolled for a *Diploma/Certificate/Artisan* course in _____ in our Institution.

Due to financial difficulty the student is not able to continue / start the course immediately; therefore we request that you give the student school fees support. The student has a fee balance of _____. The total fee per term is _____.

Fee Payment Details

East Africa Vision Institute

Equity Bank ACC NO.: 0470292838961 or

KCB A/C NO. 1115207350 or

MPESA: PAYBILL NO. 257557, ACCOUNT NO. (STUDENT FULL NAMES)

I believe you will consider her/his request.

Thank you in advance,

Yours faithfully

For College Principal
TRIZAH JUMA