

## Alumni Registration Form

**Name:**

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**Age:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

**Permanent Address: \***

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**Phone Number: \*** (We will call you at this number to schedule your appointment.)

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**Email Address: \***

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**Degree/ Certificate:**

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**University/ High School attended:**

**Year of Graduation:**

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**Company name where employed:**

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**Employed since:**

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**Designation:**

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**Please describe your career interests and goals:**

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*Note: Kindly submit the form by email through [info@kengenfoundation.co.ke](mailto:info@kengenfoundation.co.ke)*