

TEULE LEADERSHIP ACADEMY SCHOLARSHIP APPLICATION FORM (2023)



DATE RECEIVED: _____

TEULE LEADERSHIP ACADEMY PRIMARY SCHOOL SCHOLARSHIP APPLICATION PROGRAM

INSTRUCTIONS/GUIDELINES

- This form is given **FREE OF CHARGE** by the Teule Leadership Academy.
- The information provided in this form is intended to help the Teule Leadership Academy Scholarship committee to understand the applicant's academic and financial position for the purpose of assessment for scholarship/award.
- This application form must be filled accurately and completely in **CAPITAL LETTERS**.
- On being called for an interview, the applicant must bring the originals of all documents attached.
- All incomplete or inaccurately filled forms will be automatically rejected.
- Copies of **ALL DOCUMENTS** required must be provided by the applicant. Any applications without relevant documents will be rejected.
- The completion and submission of this form is not a guarantee for sponsorship.
- Canvassing, any false statements, omissions or forged documents will lead to automatic disqualification.
- Teule Leadership Academy scholarship committee reserves the right to make the final determination of scholarship beneficiaries.
- **Only needy and/or extremely vulnerable and performing students will be considered.**
- **This scholarship only caters for school fees and meals, the parent/guardian is expected to meet all other expenses (uniform etc.)**
- This form should be submitted **on or before Friday, September 29, 2023** to Teule leadership Academy P.o box 184-00209 Oloitokitok, Kenya.

PART A: APPLICANT'S PERSONAL DETAILS

PERSONAL DATA

First name : _____ Middle name: _____

Last name : _____ Current class/grade: _____

Gender (tick where applicable)	M	F	DATE OF BIRTH	DD/MM/YYYY
			*ATTACH BIRTH CERTIFICATE	

PHYSICAL ADDRESS			
COUNTY		SUBCOUNTY	
WARD		LOCATION	
SUBLOCATION		NEAREST LANDMARK	

ATTACH RECENT
PASSPORT

PART B: SKETCH A MAP ILLUSTRATING THE ROUTE TO THE HOME FROM THE NEAREST LANDMARK

PART C: EDUCATION BACKGROUND AND RECOMMENDATIONS (ATTACH LAST 3 COPIES OF RESULT SLIPS AND BRING ORIGINALS TO THE INTERVIEW)

LAST EXAM RESULTS

FILL IN YOUR LAST EXAM RESULTS			
SUBJECT	GRADE	SUBJECT	GRADE
Total Marks:			

PART D: CONFIRMATION AND RECOMMENDATION

This part must be completed by the relevant authorities indicated. Any false information will lead to disqualification.

1. Primary School Head Teacher:

Please report on the above-named applicant's performance, conduct, special interests and talents. Also explain why he/she should

be considered for the Teule Leadership Academy Scholarship Program:

I confirm that _____ (name of pupil) is a pupil in my school and I have known him/her and/or family since _____. I also confirm that he/she has the following special interests or talents e.g., leadership, sports, arts, music etc: _____

I therefore recommend that this pupil be supported by the Teule Leadership Academy scholarship on the following grounds

Family circumstances: _____

School performance: _____

Personality/ conduct: _____

Headmaster's Name: _____

Headmaster's Signature & School stamp: _____

Mobile telephone: _____

ID No: _____

OFFICIAL STAMP

2. Local leader (Chief etc):

I have read the information provided in this form and believe it to be truthful based on my knowledge of the family and/or inquiries that I have made.

Name: _____

Position: _____

Mobile/Telephone: _____

Date: _____

OFFICIAL STAMP

3. Spiritual leader (Priest, Pastor etc):

I have read the information provided in this form and believe it to be truthful based on my knowledge of the family and/or inquiries that I have made.

Name: _____

Position: _____

Mobile/Telephone: _____

Date: _____

OFFICIAL STAMP

PART E: PARENTS INFORMATION

Mother/Female Guardian Full Name:

***Please provide the MPESA and bank statement for the parents/guardian covering the last 3 months.**

First name: _____ Middle name: _____ Last name: _____

ID No. _____ Living: ☐ Deceased: ☐ [If deceased, please attach copy of death/burial certificate]

Source of income: _____

PHYSICAL ADDRESS

COUNTY		SUBCOUNTY	
WARD		LOCATION	
SUBLOCATION		NEAREST LANDMARK	
CONTACT INFORMATION			
Telephone Number		NATIONAL ID	

Mother/Female Guardian Full Name:

***Please provide the MPESA and bank statement for the parents/guardian covering the last 3 months.**

First name: _____ Middle name: _____ Last name: _____

ID No. _____ Living: ☐ Deceased: ☐ [If deceased, please attach copy of death/burial certificate]

Source of income: _____

PHYSICAL ADDRESS

COUNTY		SUBCOUNTY	
WARD		LOCATION	
SUBLOCATION		NEAREST LANDMARK	
CONTACT INFORMATION			
Telephone Number		NATIONAL ID	

PART F: STATEMENT OF NEED

Briefly explain the reason for scholarship request, how it will impact your life and how you will use it to help others.

[illegible]

PART G: APPROVAL (for official use only)

RECOMMENDATION BY PANELIST(S)		APPROVAL SUMMARY		
<p>APPROVED</p> <table border="1"> <tr> <td>Y</td> <td>N</td> </tr> </table>		Y	N	
Y	N			