

# Form No:

**MOMBASA TUKUZA KIPAWA APPLICATION FORM**

# Deadline for submission:

**CAUTION**

**Any applicant filling a scholarship application form, and intentionally makes a false statement whether orally or in writing relating to any matter affecting the application shall be disqualified from the scholarship.**

# PART A: GENERAL INFORMATION OF THE APPLICANT

Tick one option amongst the three that fits your description.

1. I am currently an ongoing student in school. 
2. I dropped out of school and I would want to resume studies. 
3. I would want to join or enroll into a school/learning institution as a new student.
   1. Official Name of the Applicant:
   2. Gender:\_
   3. a. Date of Birth: \_ b. Phone Number:
   4. Current Residence: a. Sub County: b. Ward:
   5. Any special need? No  Yes If yes, state need:

# PART B: ACADEMIC INSTITUTION INFORMATION

1. Academic Institution currently attending:
2. Special Needs School Secondary City Polytechnic College University
3. Location/Campus: \_County:
4. Admission No:
5. P.O BOX :\_ City:\_
6. Email Address: Phone Number:
7. Bank: Branch
8. Account Number:
9. a. Duration of Study: b. Current Year or Class:
10. Amount of Scholarship requested: \_
11. Academic Institution last attended: Year: A). Primary B). Secondary C). Polytechnic

D). Master Craft Centre E). University F). College

# (Attach Latest fee structure with evidence of outstanding fee balance if any, including the institution’s bank account number)

**PART C: ACADEMIC AND NON-ACADEMIC INFORMATION**

1. Latest Academic Performance:

(Attach a copy of the Result Slip/Report/Transcript).

1. What co-curriculum activities e.g. Sports, Performing Arts, Debate, Science Congress, Club etc. are/were you involved in?

(Attach copies of Certificates to support this).

1. What Leadership activities were you involved in?

(Attach supporting documents).

# PART D: FAMILY INFORMATION

**Tick appropriately.**

Both Parents Alive One Parent Dead Single Parent Both Parents Dead

Parent/guardian with disability? Yes No .State any type of disability:

(Attach support documents: e.g. Death Certificate, Letter explaining disability or other disadvantages Circumstances from Chief, Religious leaders or Prominent reference).

i). Parent’s/Guardians Name: ii). Occupation/Profession: iii). Mobile Phone No:

iv). Residence: Sub County: Ward:

v). How many siblings do you have?

1. . How many children does the guardian have?

vii). How many of your siblings are: a). Working: b). In Business:

c). In Secondary School: d). In Post-Secondary School:

* 1. hich school/institution are they currently attending?
     1. Name: School:
     2. Name: School:
     3. Name: School:
     4. Name: School:
     5. Name: School:
     6. Name: School:

Viii). Have you ever benefitted from any other Scholarship Fund? Yes: No:

If yes, state the amount: \_Year: Organization:

ix). Gross income in the last 12 months (Kshs).

Gross Income (This means total income from salary/wage and/or business activities)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FATHER** | **MOTHER** | **GUARDIAN** | **SELF** | **TOTAL** |
|  |  |  |  |  |

# PART E: DECLARATION

1. **Applicant’s Declaration**

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

Applicants Name:

Signature: Date:

# Parent/Guardian Declaration

I declare that I have read this form or the form has been read to me and I hereby confirm that the information given herein is true to the best of my Knowledge.

Parents/Guardian Name: Signature:

# Chief’s Declaration

Based on my Knowledge of the family/ or inquiries I have made, I declare that the information given is true.

Name: Signature:

Date: Stamp:

# FOR OFFICIAL USE ONLY

Approved/Not Approved:

Amount: Institution:

EMT/Cheque NO: Bank:

Branch: Account:\_

Treasurer’s Signature: \_Date:

# Confirmed by:

* 1. Secretary’s Signature: Date:
  2. Chairman’s Signature: Date:

# Official Stamp: