

KPC FOUNDATION - INUKA (DISABILITY) SCHOLARSHIP PROGRAMME 2024 APPLICATION FORM



INSTRUCTIONS/GUIDELINES

- This form is **NOT** for sale.
- The information provided in this form is for assessment of the applicant's academic and financial capacity for the purpose of consideration for scholarship/award.
- This application form must be duly filled in CAPITAL LETTERS.
- When invited for interview, the applicant **MUST** bring the originals of all documents attached.
- Incomplete or inaccurately filled forms will be automatically rejected.
- · Canvassing will lead to automatic disqualification.
- Completion and submission of this form is not a guarantee for sponsorship.
- False statements, omissions or forged documents will lead to automatic disqualification.
- Kenya Pipeline Foundation reserves the right to make the final determination of scholarship beneficiaries.
- ONLY 2023 KCPE candidates will be considered.
- Every part of this form must be filled. Failure to do so makes this application form incomplete and renders the applicant ineligible for the scholarship.
- Only shortlisted candidates will be interviewed.

PART A: APPLICANT'S PERSONAL INFORMATION

PERSONAL DATA

ruii name or applicant:																
First:	Middle:	Su	rnaı	me/I	Fam	ily r	nam	e: _								
	Female	Date of Birth:		D	D	М	M	Y	Υ	Y	Y					
Disability:		·			1	1				1	1	1	1		1	
Type of Disability:	NCPWD	Registration No.:	N	С	P	W	D	/	P	/						
(Attach a copy of Disabil	lity Card / Waiti	ng Card)														
Do you use any assistive	e device(s): Yes	No If y	es,	nan	ne tl	he d	levi	ce(s	s)		-					_
Do you need any assistiv	ve device to help	p you with your se	ecor	ndar	y sc	hoo	l ec	luca	atio	n? \	⁄es		No) <u> </u>		
If yes, describe the assis	stive devices															

Do you need any Essential Supplies (E.g., Adult Diapers, Catheter supplies, Colostomy bags?)
Yes No No
If yes, describe the product
Postal Address: P.O. Box
Tel/Mobile No. Alternate Mobile No.
Physical Address:CountySub-County
Division:sub location:sub location:
ACADEMIC INFORMATION
Name of primary school attended:
County:Sub County
Division:Sub Location:
K.C.P.E Index No K.C.P.E Results:
(Attach copy of results slip or one provided by the Head teacher at your former school with his/her certification)
PART B: APPLICANT'S FAMILY INFORMATION PARENT'S INFORMATION Father's Full Name: First Name:Name Surname: ID No (Attach a copy)
Living: Deceased: [If deceased please attach copy of death/burial certificate]
Physical Address: County:Sub-County:
Division:Sub-Location
Postal Address: P.O. Box
Tel/Mobile No.
Occupation:
Mother's Full Name:
First Name:Name Surname:
ID No.
(Attach a copy)
Living: Deceased: [If deceased please attach copy of death/burial certificate]
Physical Address: County:Sub-County:
Division: Location:Sub-Location

Postal Address: P.O. Box	
Tel/Mobile No. Occupation:	
Are your parents living together? Yes/No (If no ple	ase explain):
GUARDIAN INFORMATION (If not living with pa	arents)
First Name:Middle Name:	Surname:
ID No.	
(Attach a copy)	
Relationship to student/applicant:	
Physical Address: County:District	:Division:
Location:Sub-Location:	
Postal Address: P.O. Box	
Tel/Mobile No.	
Occupation	
PART C: APPLICANT'S EVIDENCE OF NEED	
APPLICANT'S INFORMATION	
Indicator	Description
Why are you applying for a scholarship?	
Have you received any financial support/bursaries in the past? Please provide documentation.	
Do you have any special needs? For example, chronic illness, etc. Please provide documentation.	
Any other cause for special needs? Describe.	

Indicator			Father/Ma	le Guar	dian	Mother/Female Guardian			
Are you living with both parents? If not, explain.									
• •	f yes	parents /guardians s, give details of job nonth. Attach copy of							
ousiness? If	yes, mor	guardians own a describe and show athly income. Attach							
Do your parents/guardians own land? If yes, state number of acres, type of crops grown, number of cows/sheep/goats/ donkeys and income from such assets.									
other asset ncluding cas he approxin	s or sual	s/guardians have any sources of income, labour? If yes, indicate monthly income.							
Siblings in School		NAME OF SIBLING		AGE		NAME OF SECONDARY SCH/COLLEGE/UNIVERSITY			
	1								
	3								
	4								
	5								
	6								
	7								
		ARATIONS DECLARATION							
=		vledge and I am aware t nd will lead to automation	hat giving fals	se repres		e information given above is true to t in will mean that the application will r			
		va Pipeline Foundation on nd financial records as n	-			such additional information concernation application.			
		in the scholarship, I con	nmit myself to	working	hard a	and posting excellent results through			
my second	aly 5	chool course.							

PARENT'S/GUARDIAN'S DECLARATION

I confirm that the above information is true to the best of my knowledge, and I am aware that giving false representation will mean that the application will not be considered and will lead to automatic disqualification.

On behalf of my child, I authorize Kenya Pipeline Foundation or its representatives to obtain such additional information concerning this applicant's education and financial records as needed to complete this scholarship application.

Parent/Guardian:				
Name:	Signature:	Date:	D D M M	YYYY
Part F: RECOMMENDA	TIONS			
This part must be complead to disqualification	pleted by the relevant aut	horities indicated	. Any false infor	mation will
1. Primary School Head	d Teacher:			
explain why he/she should	e-named applicant's performated be considered for the Kenya ve you known the candidate/	a Pipeline Foundatio		
Rate the candidate's finan	cial ability:			
Rich Middle Class	s Low Income	Very Needy	Needy]
attended my school. Base	mation given in this form and on my knowledge and/or in ed about his/her circumstance	nquiries, I can affirm		
Name:	Signature:	Official sta	amp:	
Date:	Address: P.O. Box:			
Tel/Mobile Number:				
2. Provincial Administr	ation (Chief or Asst. Chief	·).		
How long have you known	n the candidate/family?			
Rate the candidate's finan				
Rich Middle Class	s Low Income	Very Needy	Needy]
a resident of my location	mation given in this form and / sub-location. Based on my n the following facts about h	knowledge and/or	inquiries I can a	
Name:	Signature 8	& Official Stamp:		
Date				
Mailing Address: P.O. Box	:			
Tel/Mobile Number:				

3. Religious Leader (Disnop, pastor, priest, Imam, etc.)
How long have you known the candidate/family?Rate the candidate's financial ability:
Rich Middle Class Low Income Very Needy Needy
I have reviewed the information given in this form and believe it to be truthful. Based on my knowledge and/or inquiries I can affirm that this student is needy/vulnerable based on the facts provided about his/her circumstances.
Name: Signature & Official Stamp:
Date:
Address: P.O. Box
Tel/Mobile Number:
NB: If a family is found to have misrepresented their circumstances, the scholarship will be terminated, and they will be required to refund fees paid.
ATTACHMENTS CHECKLIST.
 Copy of KCPE result slip Copy of applicant's birth certificate Copy of death certificate where applicable Copy of primary school leaving certificate Copy of NCPWD card or waiting card Copy of father's ID card and Copy of mother's ID card or Copy of guardian's ID card
ONLY successful applicants will be contacted to submit a complete Certified Secondary School admission letter.

END