



Times U Sacco Ltd.

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TIMES U SACCO LTD: Transforming lives Through Education Scholarships And Leadership Mentoring

2018 secondary school scholarship application (form)

Branch _____

[FORM1]

INSTRUCTIONS /GUIDELINES

- This form is given **free of charge** by the Times U Sacco Ltd
- The information provided in this form is intended to help Times U Sacco Ltd CSR Task force members understand the applicant's academic and financial position for the purpose of Scholarship program.
- This application form must be filled accurately and completely in CAPITAL LETTERS and submitted on or before **15th December 2017**.
- All incomplete or inaccurate filled forms will be automatically rejected.
- Canvassing will lead to automatic disqualification.
- The completion and submission of this form is not guarantee for sponsorship.
- Any **false** statement, omission or **forged** documents will lead to automatic disqualification.
- The Times U Sacco Ltd reserves the right to make the final determination of scholarship beneficiaries.
- Only 2017 KCPE candidate will be considered.
- Attach copies of the following on the duly completed application forms before submission:
 - KCPE result slip.
 - Birth Certificate.
 - Parent / guardian's national Identity card.
 - Recommendation from the head teacher
 - Recommendation from the area chief / sub-chief.
 - Recommendation from the church.

PART A: APPLICANT PERSONAL DETAILS

PERSONAL DATA

Full name of the applicant:

First/Baptismal _____ Middle _____ Surname/Family Name _____

Gender: Male Female Date of Birth

Postal Address: P.O. BOX -

Phone No. Alternative phone No.

Physical Address: County _____ Sub County _____

Ward _____ Location _____ Sub location _____

ACADEMIC INFORMATION

Name of primary school attended: _____

Postal Address : P.O. BOX -

Phone no: Alternative Phone No.

Physical Address: County _____ Sub County _____

Ward _____ Location _____ Sub location _____

KCPE INDEX NO: KCPE RESULTS POINTS

[Attach copy of results slip or one provided by the Head teacher of your former school with his/her certification]

Year sat for KCPE _____ have you attempted in the previous year's Yes No

If more than once how many times and why? _____

Have you repeated any class? Yes No if yes which one _____

Name of secondary school [of admission] _____

Classification [Tick one]: National Extra County Others

Postal Address: P.O. BOX _____

Phone no: Alternative Phone no.

Physical Address: County _____ Sub County _____

Ward _____ Location _____ Sub location _____

**PART B: APPLICANT'S FAMILY INFORMATION
PARENT'S INFORMATION**

Father's Full Name:

First Name _____ Middle Name _____ Surname _____

I.D No Living Deceased

[If Deceased please attach copy of Death/burial certificate]

Physical Address: County _____ District _____

Ward _____ Location _____ Sub location _____

Postal Address: P.O. BOX - Phone No:

Occupation _____

Mother's full name:

First Name _____ Middle Name _____ Surname _____

I.D No Living Deceased

[If Deceased please attach copy of Death/burial certificate]

Physical Address: County _____ District _____

Ward _____ Location _____ Sub location _____

Postal Address: P.O. BOX - Phone No:

Occupation _____

Are your parents living together? Yes No [if no please explain]:

GUARDIAN'S INFORMATION

First Name _____ Middle Name _____ Surname _____

I.D No Living Deceased

[If Deceased please attach copy of Death/burial certificate]

Physical Address: County _____ District _____

Ward _____ Location _____ Sub location _____

Postal Address: P.O. BOX - Phone No:

Occupation _____

SIBLING(S)' INFORMATION

List all the applicants' brothers and sisters starting with the oldest and state the occupation for each:

[If working describe job and monthly salary, if in university state it, if in school state the form or standard, if in training describe it, if a sister is married show the occupation of the husband, if a brother is married show the occupation of the wife].

	Name	Age	School/Employer	Class/Salary
1				
2				
3				
4				
5				
6				
7				

Are you entitled to any form of inheritance from your parent/guardians grandparents or any other Source?

Yes No if yes describe _____

PART C: APPLICANT'S EVIDENCE OF NEED

APPLICANT'S INFORMATION

indicator	Description
Why are you applying for scholarship?	
Have you received any financial support/Bursaries in the past? Please provide documentation.	
Do you have any special needs? For example: chronic illness disability. Please provide documentation.	
Any other cause for Special needs? Describe:	

PARENT/GUARDIAN INFORMATION

Indicator	Father	Mother
Age of your parents:		
Is either parent disabled? Describe the disability:		
Does either of your parents suffer from a chronic disabling Medical Condition? Describe:		
Have either of your parents abandoned your family? Describe:		
Does your parent own business? Describe and show the average monthly income : Bank Statement		
Does your parent own land? State numbers of acres, type crop grown, number of cows/sheep/goats and income from such assets:		
Do your parents have any other assets or sources of income, including casual labour? Indicate the approximate monthly income:		

FAMILY'S INFORMATION

Indicator	Description
Has your family been affected by civil conflict or natural disaster such as flooding, drought, fire, or famine? Describe	
What type of house do you live in? Describe:	
Please describe any other cause of disadvantage or vulnerability?	
Any siblings in university	

[SKETCH A DIRECTIONAL MAP TO YOUR HOME FROM THE NEAREST LAND MARK]**PART E: DECLARATIONS****APPLICANT'S DECLARATION**

I, _____ declare that the information given above is true to the best of my knowledge and I am aware that giving false representation will mean application will not be considered and will lead to automatic disqualification. I authorise Times U Sacco Ltd or its representatives to obtain such additional information concerning my education program and financial records as needed to complete this scholarship application. I also authorise Times u Sacco Ltd and its representatives to communicate and release information to others who are involved in making decisions to my education plans including and limited to my previous and future schools, referees named in this form, and the ministry of Education, Science and Technology.

Signature _____ Date:

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PARENT'S/ GUARDIAN'S DECLARATION

I, _____ confirm that the above information is true to the best of my knowledge and am aware that giving false representation will mean application will not be considered and will lead to automatic disqualification. On behalf of my child, i authorise Times U Sacco Society Ltd and its representatives to obtain such additional information concerning the applicant's education and financial records as needed to complete this scholarship application. I authorise Times U Sacco Society Ltd and its representatives to communicate and release information to others who are involved in making decisions relating to this applicant's educational plans including and not limited to the previous future schools, referees named in this form, and the ministry of education, Science and Technology.

Signature _____ Date:

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(If you wish to provide additional information, please attach a separate piece of paper)

Part F: RECOMMENDATIONS

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 TUSL Scholarship program:

How long have you known the candidate /family _____

Rate the candidates Financial Ability High Income Middle class Low income Needy Very Needy

I have received the information given in this form and believe it to be truthful. The above named student attended my school. Based on my knowledge and /or inquiries, I confirm that He /She is needy/vulnerable based on the following facts about his/ her circumstances _____

Name _____ Signature & Official Stamp: _____ Date

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Mailing Address: P.O.BOX

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 Phone no:

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2. Provincial Administration [chief / sub-chief].

How long have you known the candidate /family _____

Rate the candidates Financial Ability High Income Middle class Low income Needy Very Needy

I have received the information given in this form and believe it to be truthful. The above named student is resident of my location and a Kenyan citizen. Based on my KNOWLEGE AND/OR INQUIRIES I can affirm that he is needy/vulnerable based on the following fact about his/her circumstances:

Name _____ Signature & Official Stamp: _____ Date

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Mailing Address P.O.BOX

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 Phone No:

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3. Religious Leadership[bishop, pastor ,priest, imam, etc]

How long have you known the candidate /family _____

Rate the candidates Financial Ability High Income Middle class Low income Needy Very Needy

I have received the information given in this form and believe it to be truthful..Based on my knowledge and/or inquiries i can affirm that he is needy/vulnerable based on the following facts about his/her circumstances:

Name _____ Signature & Official Stamp: _____ Date

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Mailing Address P.O.BOX

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 Phone No:

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4. Other recommendations [please specify. Attach written, dated and signed original letters]:

NOTE: If a family is found to have misrepresented their circumstances the scholarship will be terminated and they will be required to refund fee paid.



Your Timely Financier