



# Times U Sacco Ltd.

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Your timely financier

## TRANSFORMING MERU COUNTY THROUGH EDUCATION SCHOLARSHIPS AND LEADERSHIP MENTORING

2019 Secondary school scholarship application (form)

Branch \_\_\_\_\_

[FORM1]

### INSTRUCTIONS /GUIDELINES

- This form is given free of charge by 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 **10<sup>th</sup> December 2019**.
- 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 2019 KCPE candidate with 350 marks and above will be considered.
- Attach copies of the following on the duly completed application forms before submission:
  - i) KCPE result slip.
  - ii) Birth Certificate.
  - iii) Parent / Guardian’s National Identity card.
  - iv) Recommendation from the Head teacher
  - v) Recommendation from the area Chief / Sub-chief.
  - vi) 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 \_\_\_\_\_

Tel/Mobile Number  Alternative Mobile No.

Physical Address: County \_\_\_\_\_ Sub County \_\_\_\_\_

Ward \_\_\_\_\_ Location \_\_\_\_\_ Sub location \_\_\_\_\_

#### ACADEMIC INFORMATION

Name of Primary School attended: \_\_\_\_\_

Postal Address : P.O. BOX \_\_\_\_\_

Tel / Mobile Number  Alternative Mobile No.

Physical Address: County \_\_\_\_\_ Sub County \_\_\_\_\_

Ward \_\_\_\_\_ Location \_\_\_\_\_ Sub location \_\_\_\_\_

K.C.P.E index no	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	K.C.P.E Results:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Points
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[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  Provincial  District

Postal Address: P.O. BOX \_\_\_\_\_

Tel / Mobile Number  Alternative Mobile No.

Physical Address: County \_\_\_\_\_ Sub County \_\_\_\_\_

Ward \_\_\_\_\_ Location \_\_\_\_\_ Sub location \_\_\_\_\_

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

**PARENT'S INFORMATION**

**FATHER'S FULL NAME:**

Fist Name \_\_\_\_\_ Middle \_\_\_\_\_ Surname \_\_\_\_\_

I.D No  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 \_\_\_\_\_

**MOTHER'S FULL NAME:**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

I.D No  Living  Deceased

Physical address: County \_\_\_\_\_ District \_\_\_\_\_

Division \_\_\_\_\_ Location \_\_\_\_\_ Sub-location \_\_\_\_\_

P.O Box \_\_\_\_\_ Tel/Mobile Number

Occupation \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GUARDIAN INFORMATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

I.D No  Living  Deceased 

Physical address: County \_\_\_\_\_ District \_\_\_\_\_

Division \_\_\_\_\_ Location \_\_\_\_\_ Sub-location \_\_\_\_\_

P.O Box \_\_\_\_\_ Tel/Mobile Number  Occupation \_\_\_\_\_**SIBLING INFORMATION**

List all the applicants' brothers and sisters starting with the oldest and state what each is doing:

[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 INFORMATION**

<b>Indicator</b>	<b>Description</b>
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 DIRECTOINAL MAP TO THE 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 Society Ltd and its representatives 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 \_\_\_\_\_

**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.

Parent/Guardian name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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



**3. RELIGIOUS LEADERSHIP[BISHOP, PASTOR ,PRIEST, IMAM, ETC]**

How long have known the candidate/family? \_\_\_\_\_

Rate the candidates Financial Ability  Rich  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 \_\_\_\_\_

Mailing Address: P.O.BOX

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Mobile Number

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**OFFICIAL COMMENTS**

.....  
*Your Timely Financier*  
.....  
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