

TIMES U COMMUNITY FOUNDATION

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TRANSFORMING KENYAN CITIZEN THROUGH EDUCATION SCHOLARSHIPS AND LEADERSHIP MENTORING

2026 KJSEA scholarship application (form)

Branch _____

[FORM 1]

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 Community Foundation task force 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 **30th December 2025**.
- 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 Community foundation reserves the right to make the final determination of scholarship beneficiaries.

Only 2025 KJSEA candidate with **Meeting Expectation 1 (ME1) 54 points** and above will be considered.

- Attach copies of the following on the duly completed application forms before submission:
 - i) KJSEA 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

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Alternative Mobile No.

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Physical Address: County _____

Sub County _____

Ward _____ Location _____ Sub location _____

ACADEMIC INFORMATION

Name of Primary School attended: _____

Postal Address: P.O. BOX _____

Tel / Mobile Number

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Alternative Mobile No.

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Physical Address: County _____

Sub County _____

Ward _____ Location _____ Sub location _____

K.J.S.E.A.index no										K.J.S.E.A Results:					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 KJSEA _____ 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

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Alternative Mobile No.

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Physical Address: County _____ Sub County _____

PART B: APPLICANT'S FAMILY INFORMATION

PARENT'S INFORMATION

FATHER'S FULL NAME:

Fist Name _____ Middle _____ Surname _____

I.D No

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 Living ☐ Decease ☐

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

Physical Address: County _____ Sub County _____

Division _____ Location _____ Sub location _____

Postal Address: P.O. BOX

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Tel/Mobile No:

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Occupation _____

MOTHER'S FULL NAME:

First Name _____ Middle Name _____ Surname _____

I.D No

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 Living ☐ Deceased ☐

Physical address: County _____ District _____

Division _____ Location _____ Sub-location _____

P.O Box _____

Tel/Mobile Number

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Occupation _____

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

GUARDIAN INFORMATION

First Name _____ Middle Name _____ Surname _____

I.D No

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 Living

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 Deceased

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Physical address: County _____ District _____

Division _____ Location _____ Sub-location _____

P.O Box _____ Tel/Mobile Number

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 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 labor? Indicate the approximate monthly income:		

FAMILY INFORMATION

Indicator	Description
Has your family been affected by civil conflict or natural disaster such as flooding, drought, fire, of 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 DIRECTIOINAL 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 authorize 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 authorize 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 _____

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

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

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“True to You”