



[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   if yes which one \_\_\_\_\_  
No \_\_\_\_\_

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 \_\_\_\_\_

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

#### **PARENT'S INFORMATION**

##### **FATHER'S FULL NAME:**

First 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 

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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**

<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 DIRECТОINAL 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 \_\_\_\_\_

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 **Times U Community Foundation** Scholarship program:

How long have you 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. 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 \_\_\_\_\_

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Name \_\_\_\_\_ Signature & Official Stamp: \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address: P.O.BOX \_\_\_\_\_ Mobile Number \_\_\_\_\_

## 2. PROVINCIAL ADMINISTRATION [CHIEF / SUB-CHIEF].

How long have you 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. 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:

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**Mailing Address P.O.BOX** **Mobile Number**

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

How long have known the candidate/family?

Rate the candidates Financial Ability

Rich  Middle class

Needy

Low income  Needy

Very

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:

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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]:

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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”**