

ELIMU YETU SECONDARY AND POST-SECONDARY SCHOLARSHIP PROGRAM

INSTRUCTIONS/GUIDELINES

- Elimu yetu foundation and its associates are targeting to give about 10,000 students from Kisii, Nyamira, Migori and Bomet counties partial or fully paid scholarships. Its targeting students in secondary schools and post-secondary school education {colleges, TVET, Universities within Kenya}.
- The information provided in this is intended to help the Elimu Yetu Fund Foundation Community Scholarship Selection Board understand the applicant's academic and financial position for the purpose of assessment for scholarship/award.
- This application form must be filled accurately and completely in **CAPITAL LETTERS**.
- All incomplete or inaccurately filled forms will be automatically rejected.
- Copies of **ALL DOCUMENTS** required must be provided by the applicant. Any applications without relevant documents will be rejected,
- Canvassing will lead to automatic disqualification.
- The completion and submission of this form is not a guarantee for sponsorship,
- Any false statements, omissions or forged documents will lead to automatic disqualification.
- Elimu Yetu Foundation reserves the right to make the final determination of scholarship beneficiaries.
- Every applicant is required to pay Two hundred shillings via Safaricom paybill:**  
**Paybill no. 891300**  
**Account number: 64980**  
[This fee will go into the MCHANGA Education fund to helps cover the administrative costs associated with processing and reviewing bursary applications]
- The application form and the student's birth certificate **MUST** be scanned arranged in a **SINGLE PDF** file then send via email: **elimuyetufund@outlook.com**. The email **MUST** be Accompanied by following:
  - Student's full names**
  - Registration no.**
  - Mpesa payment confirmation code and number used to make transaction.**
- The application **deadline** is on **28<sup>th</sup> Feb 2023** and all successful applicants will be contacted on **10<sup>th</sup> March 2023**.
- Every part of this form must be filled. Failure to do so makes this application form incomplete and therefore renders the applicant illegible for the scholarship.**

PART A: APPLICANT'S PERSONAL DETAILS

PERSONAL DATA

Full Name of Applicant:

First/Baptismal: \_\_\_\_\_ Middle: \_\_\_\_\_ Surname/Family Name: \_\_\_\_\_

Gender: Male ☐ Female ☐ Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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\*(Attach copy of birth certificate)

Telephone/Mobile No. 

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 Alternative Mobile No. 

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

Ward: \_\_\_\_\_ Location: \_\_\_\_\_ Sub-Location: \_\_\_\_\_

ACADEMIC INFORMATION

Name of School Attended: \_\_\_\_\_

Postal Address: P.O. Box: 

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 Town/City: 

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 Postal Code: 

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Telephone/Mobile No. 

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 Alternative Mobile No. 

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

Ward: \_\_\_\_\_ Location \_\_\_\_\_ Sub-Location: \_\_\_\_\_

## PART B: APPLICANT'S FAMILY INFORMATION

### PARENTS' INFORMATION

#### Father's Full Name:

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

ID No.  Living: ☐ Deceased: ☐ [If deceased, please attach copy of death/burial certificate]

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

Ward: \_\_\_\_\_ Location: \_\_\_\_\_ Sub-Location: \_\_\_\_\_

Postal Address: P.O. Box:  Town/City:  Postal Code:

Telephone/Mobile No.

Source of Income: \_\_\_\_\_

#### Mother's Full Name:

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

ID No.  Living: ☐ Deceased: ☐ [If deceased, please attach copy of death/burial certificate]

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

Ward: \_\_\_\_\_ Location: \_\_\_\_\_ Sub-Location: \_\_\_\_\_

Postal Address: P.O. Box:  Town/City:  Postal Code:

Telephone/Mobile Number:

Source of Income: \_\_\_\_\_

Are your parents living together? Yes, ☐ No ☐

### GUARDIAN INFORMATION (If not living with the parents)

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

ID No.  Relationship with student/applicant: \_\_\_\_\_

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

Ward: \_\_\_\_\_ Location: \_\_\_\_\_ Sub-Location: \_\_\_\_\_

Postal Address: P.O. Box:  Town/City:  Postal Code:

Telephone/Mobile Number:

Source of Income: \_\_\_\_\_

### SIBLING INFORMATION

List all your brothers and sisters starting with the oldest and state what each one is doing.

(If working, describe job and monthly salary. If in university, state it. If in school, state the form or class. 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/Position in Employment
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

## 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 details:	
Do you suffer from any physical impairment (disability)? Do you have any disability or any chronic illness? If yes, kindly describe and provide evidence:	
Are you entitled to any form of inheritance from your parents/guardians/any other source? Describe:	

Who do you live with? Parent(s) ☐ Guardian(s) ☐ Other ☐ Specify \_\_\_\_\_

### PARENTS'/GUARDIANS' INFORMATION

Indicator	Father/Male Guardian	Mother/Female Guardian	Other
Age of your parents/guardians:			
Does any of your parents have any form of disability? Describe the disability:			
Does any of your parents/guardians suffer from a chronic disabling medical condition? Describe:			
Are you living with both parents? If not, explain:			
Are your parents/guardians employed? Give details of job and salary per month: <b>Attach Payslip</b>			
Do your parents/guardians own a business? Describe and show the average monthly income: <b>Bank Statement</b>			
Do your parents/guardians own land/plot? State number of acres, type of crops grown, number of cows/sheep/goats/donkeys and income from such assets:	Land size:  List livestock:		
Do your parents/guardians 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 disasters such as displacement, flooding, drought, fire or famine? Describe:	
What type of house do you live in? Describe such as grass thatched, iron sheet, cemented etc.:	
Please describe any other cause of disadvantage or vulnerability?	
Any siblings in i) Secondary School: ii) University:	

(SKETCH A DIRECTIONAL MAP TO THE HOME FROM THE NEAREST LANDMARK)

Part D: How did you first learn about the *Elimu Yetu* scholarship program?

(Please mark only one)

- ☐ School – teacher, principal or counselor (list name)
- ☐ Church, mosque, synagogue (specify name)
- ☐ Friends, parent, guardian or relative
- ☐ Internet (specify site)
- ☐ Radio, TV (specify)
- ☐ Newspaper, magazine (specify)
- ☐ social networks such as Facebook, Twitter, Myspace (specify)
- ☐ Others (specify): \_\_\_\_\_

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 that my application will not be considered and will lead to automatic disqualification. I authorize Elimu Yetu Foundation or its representatives to obtain such additional information concerning my educational program and financial records as needed to complete this scholarship application. I also authorize Elimu Yetu Foundation and its representatives to communicate and release information to others who are involved in making decisions relating to my educational plans including and not limited to my previous and future schools, referees named in this form and the Ministry of Education. In the event I win the scholarship, I commit myself to working hard and posting excellent results throughout my secondary school course.

Signature:

Date

D

D

M

M

Y

Y

Y

Y

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 Elimu Yetu Foundation or its representatives to obtain such additional information concerning this applicant’s education and financial records as needed to complete this scholarship application. I also authorize Elimu Yetu Foundation 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 their previous and future schools, referees named in this form and the Ministry of Education.

Parent/Guardian Name \_\_\_\_\_

Signature: \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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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. Provincial Administration (Chief or Assistant Chief).

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

Rate the candidate’s financial ability: ☐ Very Rich ☐ Rich ☐ Middle Income ☐ Poor ☐ Very Poor

	Yes	No
Orphaned		
Parents/Guardians are employed		
Parents/Guardians		
Any additional information, explain:		

I have reviewed the information given in this form and believe it to be truthful. The above-named student is a resident of my location/sub-location. Based on my knowledge and/or inquiries, I affirm that he/she is needy/vulnerable.

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

D		M	M	Y	Y	Y	Y
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Postal Address: P.O. Box: 

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 Town/City: 

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 Postal Code: 

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Telephone/Mobile Number: 

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2. Religious Leader (bishop, pastor, priest, imam, etc.)

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

Rate the candidate’s financial ability:    ☐ Very Rich    ☐ Rich       ☒ Middle Income    ☐ Poor    ☐ Very Needy

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

D	D	M	M	Y	Y	Y	Y
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Postal Address: P.O. Box: 

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 Town/City: 

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 Postal Code: 

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Telephone/Mobile Number: 

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**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.**