



2019 KCB SCHOLARSHIP APPLICATION FORM

This application form should be completed in full and submitted by every pupil seeking for a scholarship from the KCB Foundation. Only a candidate who has been admitted to a National or County school and scored the minimum marks indicated in the branch should complete this form. Ensure that you complete all items and attach all requested documents.

Please note that any false information will lead to automatic disqualification at application and at any point during the duration of the scholarship.

A. APPLICANT PERSONAL DATA

Full name of applicant:					Gender M <input type="checkbox"/> F <input type="checkbox"/>
Primary School Index Number:					
Name of primary school (where you sat KCPE):					
P.O Box		Constituency:		County:	
Secondary School admitted to:					
(Please attach copy of admission letter to a public secondary school and bring the original to the interview)					
Family status (Both parents/single parent/orphan):					

Fill in your KCPE Results and attach a copy of the result slip and bring the original to the interview

Attach a passport photo here	Subject	Grade
Total Marks:		

B. SIBLING INFORMATION (BROTHERS AND SISTERS)

NAME:	MALE/FEMALE:	AGE:	OCCUPATION:	INSTITUTION/SCHOOL:

C. PARENT/ GUARDIAN INFORMATION

	MOTHER OR GUARDIAN 1:	FATHER OR GUARDIAN 2:
First Name:		
Last Name:		
Married/divorced/separated/single parent/widowed. (Describe as appropriate)		
Alive or deceased? If deceased, attach death certificate		
Country of citizenship (If not Kenyan, state nationality)		
National ID number (Attach a copy)		
Name of Employer		
Physical address of place of employment (Town, estate, nearest public landmark e.g. school, church, mosque, hospital)		
Income (Give details of salary per month and attach a copy of pay slip)		
Any other source of income, including casual labour? Describe and show the average monthly income		
Permanent physical home address (Town, estate, nearest public landmark by name and exact location to the residence e.g. school, church, mosque, hospital)		
Is house owned, rented or employer owned?		
<p>To be signed by parent or legal guardian where parents are deceased. Any documents that can prove legal guardianship should be attached. Please sign below, accepting that you have read through this application in detail and can confirm the accuracy of the information provided.</p>		

MOTHER OR GUARDIAN 1:

First Name:		Last Name:	
Signature:		Date: (dd/mm/yyyy)	
Telephone Number:		Email:	

FATHER OR GUARDIAN 1:

First Name:		Last Name:	
Signature:		Date: (dd/mm/yyyy)	
Telephone Number:		Email:	



D. STATEMENT OF NEED:

Please provide an explanation of why the family and relatives cannot afford to pay the applicant’s school fees. *Note that this section should ONLY be completed BY THE APPLICANT’S PARENT OR LEGAL GUARDIAN*

Name and Signature: _____

ID details: _____ Relation to Applicant: _____

Mobile/Telephone: _____

RECOMMENDATIONS / REFERENCES:

Confirmation and recommendation by primary school headmaster:

I confirm that _____ (name of pupil) was a pupil in my school.

I also confirm that he/she scored _____ marks in KCPE and has been admitted to (name of secondary school) _____

I recommend that this pupil be supported by The KCB Foundation on the following grounds:

Family circumstances:

School performance:

Personality/ conduct:

Headmaster’s Name: _____

Headmaster’s Signature & School stamp: _____

Mobile telephone: _____ ID No: _____

Recommendation by a local leader (Councilor or Chief)

I have read the information provided in this form and believe it to be truthful. Based on my knowledge of the family and/or inquiries I have made, I make the following recommendation regarding the family circumstances and conduct of this applicant:

Name: _____

Signature & Stamp: _____ Date: _____

Position: _____ ID No. _____

Mobile/Telephone: _____

Recommendation by a spiritual leader (Priest, Pastor, Imam etc)

I have read the information provided in this form and believe it to be truthful. Based on my knowledge of the family and/or inquiries I have made, I make the following recommendation regarding the family circumstances and conduct of this applicant:

Name: _____

Signature & Stamp: _____ Date: _____

Position: _____ ID No. _____

Mobile/Telephone: _____

APPROVAL (for official use by KCB Staff only)

Recommendation by panelist:	Summary issues:
Panelist 1 Name & Signature:	
Panelist 2 Name and Signature	
Panelist 3 Name and signature	
This beneficiary has been assigned to (indicate name of branch and mentor in adjacent box)	Branch: Mentor:

