



REPUBLIC OF KENYA  
MINISTRY OF EDUCATION

**STATE DEPARTMENT FOR BASIC EDUCATION**  
**ELIMU SCHOLARSHIP PROGRAMME**

**FORM A: APPLICATION FORM (2023)**

**INSTRUCTIONS/GUIDELINES**

- This form is given **FREE OF CHARGE** by the **The Jomo Kenyatta Foundation**.
- The information provided in this form is intended to help **The Jomo Kenyatta Foundation** Scholarship Advisory Committee understand the applicant's academic and financial position for the purpose of assessment for scholarship award.
- This application form must be filled in accurately and completely in **CAPITAL LETTERS**.
- On being called for an interview, the applicant must bring the originals of all documents attached.
- All incomplete or inaccurately filled in 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.
- **The Jomo Kenyatta Foundation** reserves the right to make the final determination of scholarship beneficiaries.
- **Only 2022 KCPE** candidates will be considered.
- The filled in application form should be submitted to your **Sub-County Education Office**. The application can also be done online through the following link: <https://scholarship.jkf.co.ke>
- **Every part of this form must be filled in. Failure to do so makes this application form incomplete and therefore renders the applicant ineligible for the scholarship.**

**PART A: APPLICANT'S PERSONAL DETAILS**  
**PERSONAL DATA**

Full Name of Applicant

First/Baptismal: \_\_\_\_\_ Middle: \_\_\_\_\_ Surname/FamilyName: \_\_\_\_\_

Gender: Male  Female  Date of Birth: 

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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: 

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

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# ELIMU SCHOLARSHIP PROGRAMME - 2023

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| KCPE Index No.: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | KCPE Marks: |  |  |  |  |  |  |  |  |  |  |  |  |
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(Attach copy of result slip certified by your headteacher)

Year sat for KCPE: \_\_\_\_\_ Have you attempted KCPE in previous years? Yes  No

If yes, how many times and why? \_\_\_\_\_

Please indicate the KCPE scores attained for previous years: \_\_\_\_\_

Have you repeated any class (1-8) while in primary school? Yes  No  If yes, which one(s)? \_\_\_\_\_

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

### 1. (a) Father's Full Name

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

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 Living:  Deceased:  [If deceased, please attach copy of death / burial certificate]

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

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

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

(b) Not Applicable

### 2. (a) Mother's Full Name

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

ID No.: 

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 Living:  Deceased:  [If deceased, please attach copy of death / burial certificate]

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

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

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

(b) Not Applicable

Are your parents living together? Yes  No

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

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

ID No.: 

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 Relationship with Student / Applicant: \_\_\_\_\_

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

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

Postal Address: P.O. Box: 

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

# ELIMU SCHOLARSHIP PROGRAMME - 2023

## SIBLING INFORMATION

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

(If working, describe job and monthly salary; if in university, state; if in school, state the form or class; if in training, describe it; if a sister is married, show the occupation of her husband and if a brother is married, show the occupation of his wife).

|    | Name | Age | School / Employer | Class/Position in employment | Monthly salary |
|----|------|-----|-------------------|------------------------------|----------------|
| 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?<br>If so, please provide details.  |             |
| Do you suffer from any physical impairment (disability) or any other form of disability? If yes, are you registered with the National Council for Persons with Disabilities? Attach certificate |             |
| Do you suffer from 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 \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

| Indicator   | Father / Male Guardian | Mother / Female Guardian | Other, specify: |
|---|------------------------|--------------------------|-----------------|
| Age of your parents/guardians?  |                        |                          |                 |
| Does any of your parents have any form of disability?<br>If yes, describe the disability.                                   |                        |                          |                 |
| Does any of your parents/guardians suffer from a chronic disabling medical condition? If yes, describe.                     |                        |                          |                 |
| Are you living with both parents? If not, explain why.  |                        |                          |                 |
| Are your parents / guardians employed? If yes, give details of job and salary per month. <b>Attach Payslip</b>              |                        |                          |                 |
| Do your parents/guardians own a business?<br>If yes, describe and show the average monthly income.<br><b>Bank Statement</b> |                        |                          |                 |

# ELIMU SCHOLARSHIP PROGRAMME - 2023

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| 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:<br><br>List crops:<br><br>List livestock: |
| Do your parents/ guardians have any other assets or sources of income, including casual labour? If yes, 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? If yes, describe: |             |
| What type of house do you live in? Give description such as grass thatched, iron sheet, cemented, etc.:   |             |
| Please describe any other cause of disadvantage or vulnerability?   |             |

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

## Part D: How did you first learn about the Elimu Scholarship Programme?

***(Please mark only one)***

- School – teacher, principal or counselor (give name)
- Church, mosque or synagogue (specify name)
- Friends, parent, guardian or relative
- Internet (specify site)
- Radio or TV (specify)
- Newspaper or magazine (specify)
- Social networks such as Facebook, Twitter or 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 authorise The Jomo Kenyatta Foundation or its representatives to obtain such additional information concerning my educational programme and financial records as needed to complete this scholarship application. I also authorise The Jomo Kenyatta 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 that I get the scholarship, I commit myself to working hard and posting excellent results throughout my secondary school course.

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

Date: 

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### 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 authorise The Jomo Kenyatta 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 authorise The Jomo Kenyatta 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's/Guardian's Name: \_\_\_\_\_

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

Date: 

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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. 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 Elimu Scholarship Programme under The Jomo Kenyatta Foundation

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

Report on any special interests or talents the child may have e.g. Leadership, Sports, Arts, Music, etc: \_\_\_\_\_

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

I have reviewed the information given in this form and believe it to be truthful. The above named student attended my school and based on my knowledge and / or inquiries, I affirm that he / she is needy /vulnerable. Please describe facts about his / her circumstances.

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# ELIMU SCHOLARSHIP PROGRAMME - 2023

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

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## 2. National Government Administration (Chief)

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

Rate the candidates 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 she / he is needy / vulnerable.

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

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## 3. 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.

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

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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.**



