



- i. KCPE grade attained: \_\_\_\_\_ (attach copy of certificate)
- j. Name of High School \_\_\_\_\_
- k. KCSE grade attained: \_\_\_\_\_ (attach copy of certificate or results slip)
- l. Address: P.O. Box: \_\_\_\_\_
- m. County: \_\_\_\_\_
- n. Mobile Telephone Number: \_\_\_\_\_
- o. Alternate Mobile Telephone \_\_\_\_\_
- p. E-mail address (Optional): \_\_\_\_\_

**PART B: PARENTS DETAILS**

<b>2. FATHER</b>	<b>3. MOTHER</b>
a) Is your Father alive? Yes <input type="checkbox"/> No. <input type="checkbox"/>	a) Is your Mother alive? Yes <input type="checkbox"/> No. <input type="checkbox"/>
b) If no, give date of death; _____ <i>(Attach Death Certificate)</i>	b) If no, give date of death; _____ <i>(Attach Death Certificate)</i>
c) If yes in (a) above, please fill below	c) If yes in (a) above, please fill below
d) If yes give his age; _____	d) If yes give her age; _____
e) Name: _____ ID/No. _____	e) Name: _____ ID/No. _____
f) Occupation: _____	f) Occupation; _____
g) Name and address of employer (s)	g) Name and address of employer (s)
h) If retired give name (s) and address of last employer (s); _____ Year of retirement: _____	h) If retired give name (s) and address of last employer (s); _____ Year of retirement: _____

**4. GUARDIAN/SPONSOR**

- a) Name: \_\_\_\_\_ b) Mobile telephone: \_\_\_\_\_
- c) ID/ No: \_\_\_\_\_ d) Occupation: \_\_\_\_\_
- e) Name and address of employer: \_\_\_\_\_

**PART C: INFORMATION ABOUT FINANCIAL STATUS**

*NOTE: The number of scholarships offered by the Center for Career and Academic Progress are limited due to the large number of students applying for assistance and are therefore only awarded to students who are in genuine financial difficulties.*

**1. (a) Gross family income in the last 12 months**

ITEM	FATHER	MOTHER	GUARDIAN/ SPONSOR	TOTAL
Gross income from employment (Salary or Pension)				
Income from Business e.g. Shop, Hotel, Matatu.				
Income from farming e.g. Crops, Livestock, Fishing.				
Income from other sources e.g. Shares, Dividends, Interest				
Income from harambee and donations				
Others e.g. CDF, HELB, NGO				
<b>TOTAL</b>				

**(b) Applicant's Siblings in Educational Institutions (Please include documentary evidence)**

CHILD'S NAME	INSTITUTION NAME	YEAR OF STUDY	EXPECTED EDUCATION EXPENDITURES
1.			
2.			
3.			
4.			
5.			
6.			
<b>TOTAL</b>			

(c) Number and age of siblings not in school \_\_\_\_\_

**PART D: WHY DO YOU THINK YOU DESERVE THE SCHOLARSHIP?**

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**PART E: ADDITIONAL INFORMATION**

How will this scholarship enable you to achieve your full potential?

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**CERTIFICATION**

I hereby certify that all the information I have provided on this form and all supplementary forms is true, correct, and complete. I hereby authorize the Center for Career and Academic Progress or its representatives to obtain such additional information concerning my educational programme and financial records needed to complete processing of this application. It is also my understanding that the Center for Career and Academic Progress may, as it seems appropriate, release to others who may be considering me for financial assistance or making decisions relating to my educational plans, information concerning the amount of any award I may receive.

**Applicant's Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** The filling of this application form does not guarantee that the applicant will receive the scholarship.

***FOR OFFICIAL USE ONLY***

Date Received \_\_\_\_\_ Receiving officer \_\_\_\_\_ Signature \_\_\_\_\_