

## FORTITUDE DT SACCO EDUCATION SCHOLARSHIP APPLICATION FORM

**FORTITUDE SACCO Branch** \_\_\_\_\_

### PROGRAM INSTRUCTIONS/GUIDELINES

1. This form is given FREE OF CHARGE by Fortitude DT SACCO Education Scholarship committee.
2. The information given in this form is intended to help Fortitude DT SACCO Education Scholarship Committee understand the applicant's family background academic and financial status for the purpose of assessment for scholarship.
3. This application form must be filled accurately and completely in CAPITAL letters.
4. When appearing for an interview, the applicant must bring the originals of all documents attached.
5. All incomplete or inaccurately filled forms will be automatically rejected.
6. Copies of ALL SUPPORTING DOCUMENTS required must be provided by the applicant when applying, any application without relevant documents will be automatically rejected.
7. Canvassing will lead to automatic disqualification.
8. Any false statements, omissions or forged documents will lead to automatic disqualification.
9. Fortitude DT SACCO reserves the right to make the final determination of scholarship beneficiaries.
10. Only 2023 KCPE candidates who scored 350 marks and above are eligible to apply.
11. Any Cases of indiscipline and academic performance below average may lead to automatic disqualification. Copies of Termly report forms will be submitted to Fortitude DT Sacco at the end of each term.
12. The completion and submission of this form is not a guarantee for scholarship and any applicant with scholarship from other institutions will be automatically be disqualified.
13. The application can also be submitted at your nearest branch or Head Office.

### PART A: APPLICANT'S PERSONAL DETAILS

PERSONAL DATA Full Name of Applicant: \_\_\_\_\_

Gender: Male/ Female: \_\_\_\_\_ Postal address \_\_\_\_\_

Town \_\_\_\_\_ Date of Birth \_\_\_\_\_ \*(Attach copy of birth certificate)

Mobile No \_\_\_\_\_ Alternative Mobile No. \_\_\_\_\_

#### Physical Address:

County: \_\_\_\_\_ Sub-County: \_\_\_\_\_

Ward: \_\_\_\_\_ Location: \_\_\_\_\_

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

ACADEMIC INFORMATION

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

Postal Address: P.O. Box: \_\_\_\_\_ Town/City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone/Mobile No. \_\_\_\_\_

Alternative Mobile No. \_\_\_\_\_

Physical Address: \_\_\_\_\_

County: \_\_\_\_\_ Sub-County: \_\_\_\_\_

Ward: \_\_\_\_\_ Location \_\_\_\_\_

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

KCPE Index No: \_\_\_\_\_ KCPE Marks: \_\_\_\_\_

(Attach copy of certified results slip by the Head teacher of your former school)

Year you sat for KCPE: \_\_\_\_\_

Name of secondary school admitted \_\_\_\_\_

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

Father's Full Name: \_\_\_\_\_ ID No \_\_\_\_\_

Living: \_\_\_\_\_ Deceased: \_\_\_\_\_ [If deceased, please attach copy of death Certificate/burial permit]

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 : \_\_\_\_\_ ID No: \_\_\_\_\_

Living/ Deceased: \_\_\_\_\_ [If deceased, please attach copy of death Certificate/burial permit] 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, or No: \_\_\_\_\_

**GUARDIAN INFORMATION** (If you are not living with the parents)

Guardian's Name: \_\_\_\_\_ ID No: \_\_\_\_\_

Relationship with the scholarship applicant: \_\_\_\_\_

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

Ward: \_\_\_\_\_ Location: \_\_\_\_\_

Sub-Location: \_\_\_\_\_ Postal Address: P.O. Box: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

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

Estimated Annual Income \_\_\_\_\_

**SIBLING AND OTHER RELATIVES INFORMATION**

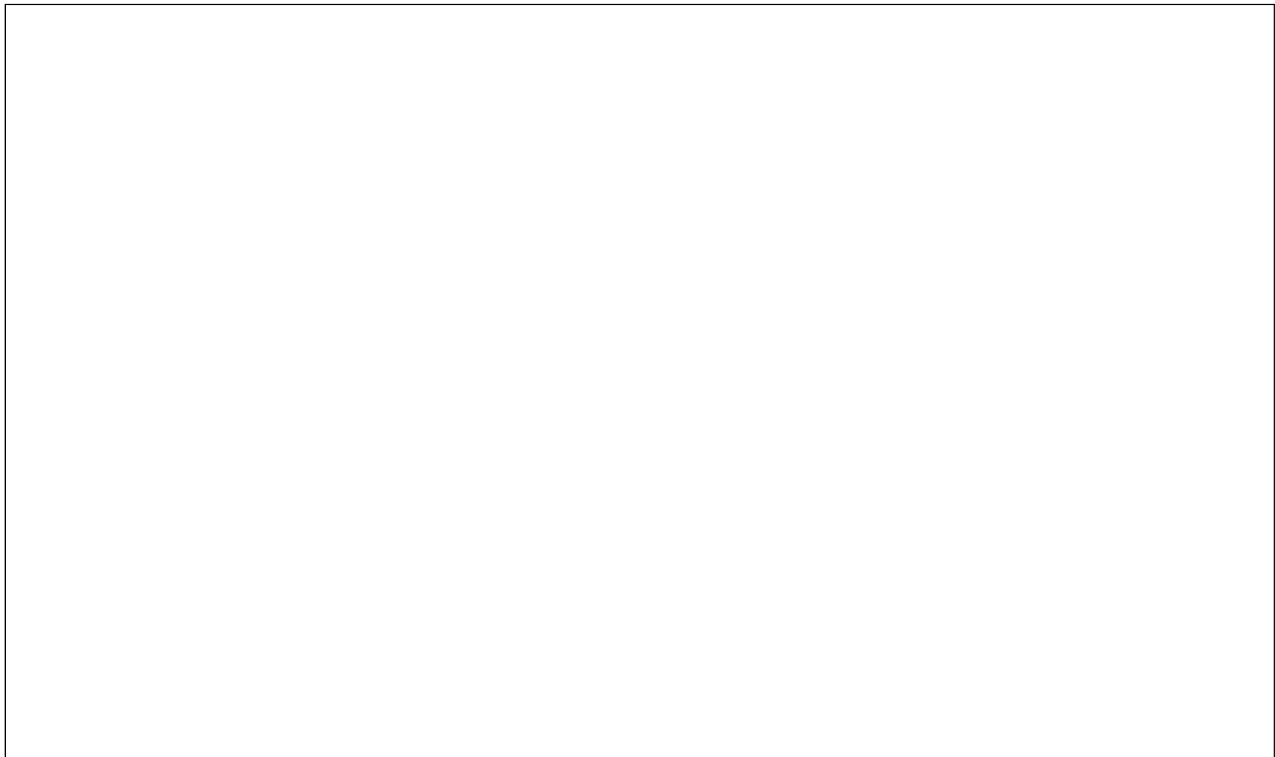
List all your brothers and sisters starting with the oldest and state what each one is doing. (If working, describe job and monthly salary. If in College, state it. If in school, state the form or class. If in training, describe it. If a sister is married, show the occupation of the husband. If a brother is married, show the occupation of the wife).

NO.	NAME	AGE	MARRIED/SINGLE	SCHOOL/EMPLOYER	CLASS/POSITION IN EMPLOYMENT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**PART C: INFORMATION ON APPLICANT'S EVIDENCE OF NEED**

<b>QUESTION</b>	<b>ANSWER</b>
Why are you applying for a scholarship?	
Have you requested for any financial support/bursaries from other institutions? Please provide details:	
Have you been granted any scholarship by other institution?	
Are you entitled to any form of inheritance from your parents/ guardians/any other source?	
Who do you live with? Parent(s) / Guardian(s) / Other Specify	

**SKETCH A DIRECTIONAL MAP TO THE HOME FROM THE NEAREST LANDMARK**



**PART D: 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 Fortitude SACCO Education scholarship committee or its representatives to obtain such additional information concerning my family background and academics records as needed to complete this scholarship application. I also authorize Fortitude SACCO Education scholarship Committee 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: \_\_\_\_\_

**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 Fortitude DT SACCO Education Scholarship Committee or its representatives to obtain such additional information concerning this applicant’s family background and academic records as needed to complete this scholarship application. I also authorize Fortitude SACCO Education Committee 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: \_\_\_\_\_

If you wish to provide additional information, please attach a separate piece of paper.

**PART E: RECOMMENDATIONS**

This part must be completed by the relevant authorities indicated. Any false information will lead to disqualification.

**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 Education Scholarship Program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

My school has \_\_\_\_\_ pupils who sat for KCPE and in the most recent tests sat by the applicant before sitting for KCPE, this applicant’s position was no. \_\_\_\_\_ overall and attained \_\_\_\_\_ marks out of 500.

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.

Name: \_\_\_\_\_

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

Postal Address: P.O. Box: \_\_\_\_\_ Town/City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone/Mobile No. \_\_\_\_\_

**Provincial Administration (Chief or Assistant Chief).**

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

Rate the candidate's financial ability:

Very Rich \_\_\_\_\_ Rich \_\_\_\_\_ Middle Income \_\_\_\_\_ Poor \_\_\_\_\_ Very Poor \_\_\_\_\_

	YES	NO
ORPHANED		
PARENTS/GUARDIAN ARE EMPLOYED		
ANY ADDITIONAL INFORMATION		

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 \_\_\_\_\_

Postal Address: P.O. Box: \_\_\_\_\_ Town/City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone/

Mobile Number: \_\_\_\_\_

**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 Poor \_\_\_\_\_

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 \_\_\_\_\_

Postal Address: P.O. Box: \_\_\_\_\_ Town/City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone/Mobile Number: \_\_\_\_\_

**PART F. APPROVAL (FOR OFFICIAL USE)**

<b>Recommendation by penalist:</b>	<b>Summary of Key considerations</b>
Amount Approved: _____ Cheque No: _____	
Penalist 1 Name & Signature:	
Penalist 2 Name & Signature:	
Penalist 3 Name & Signature:	
Penalist 4 Name & Signature:	
Penalist 5 Name & Signature:	
The beneficiary is assigned to the branch and Mentor as indicated.	<b>Branch:</b> <b>Mentor:</b>

**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.**