



# TOWER SACCO EDUCATION SCHOLARSHIP APPLICATION FORM

Tower SACCO Branch \_\_\_\_\_

## PROGRAM INSTRUCTIONS/GUIDELINES

1. This form is given FREE OF CHARGE by Tower SACCO Education Scholarship program.
2. The information provided in this form is intended to help Tower SACCO Education Committee understand the applicant's academic and financial position for the purpose of assessment for scholarship/award.
3. This application form must be filled accurately and completely.
4. Once called 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 DOCUMENTS required must be provided by the applicant. Any applications without relevant documents will be rejected.
7. Canvassing will lead to automatic disqualification.
8. The completion and submission of this form is not a guarantee for sponsorship.
9. Any false statements, omissions or forged documents will lead to automatic disqualification.
10. Tower SACCO reserves the right to make the final determination of scholarship beneficiaries.
11. The KCPE score 350 marks and above.
12. Only 2023 KCPE candidates will be considered.
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:

First/Baptismal: \_\_\_\_\_ Middle: \_\_\_\_\_

Surname/Family Name: \_\_\_\_\_

Gender: Male/ Female: \_\_\_\_\_

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

Telephone/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 results slip or one provided by the Head teacher of your former school with his/her certification) Year sat for KCPE: \_\_\_\_\_

Have you attempted KCPE in previous years? Yes, or No \_\_\_\_\_ If yes, how many times? \_\_\_\_\_ why? \_\_\_\_\_

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

Have you repeated any class? (1-8) while in primary school Yes, or No \_\_\_\_\_

If yes which ones \_\_\_\_\_

Which Secondary school will you be joining?  
\_\_\_\_\_

**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 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 : First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Surname: \_\_\_\_\_ 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)

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).

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

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

QUESTION	ANSWER
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?	
Who do you live with? Parent(s) / Guardian(s) / Other Specify	

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

**PARENTS'/GUARDIANS' INFORMATION**

QUESTION	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: Attach Pay slip			
Do your parents/guardians own a business? Describe and show the average monthly income: Bank Statement			

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:	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

QUESTION	ANSWER
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 sibling's in i) Secondary School:  ii) University:	

**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 Tower SACCO Education committee 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 Tower SACCO Education 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 Tower SACCO Education Committee 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 Tower 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.

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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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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 candidate/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		

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 \_\_\_\_\_  
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: \_\_\_\_\_

**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.**