



NATIONAL DEVELOPMENT FUND FOR PERSONS WITH DISABILITIES

APPLICATION FORM- PO/AP/2

JIWEZESHE SCHOLARSHIP PROGRAM

NOTE: SUBMISSION OF APPLICATION DOES NOT GUARANTEE SUPPORT
APPLICANTS ABOVE THE AGE OF 45 ARE NOT ELIGIBLE TO APPLY

SECTION A: PERSONAL DETAILS

1. NAME.....
.....

2. SEX: [] [] MALE [] FEMALE INTERSEX

3. DATE OF BIRTH:(DD/MM/YY)

4. NATIONAL IDENTIFICATION NUMBER (ATTACH COPY.....

5. NAME OF PARENT/GUARDIAN:

NATIONAL ID. NO: RELATIONSHIP TO APPLICANT:
.....

6. DISABILITY IDENTIFICATION NUMBER OF PARENT/GUARDIAN :(ATTACH A COPY.....

7. STATE DISABILITY

8. CAUSE OF DISABILITY: CONGENITAL ACQUIRED
(STATE YEAR ACQUIRED)

9. PERMANENT COUNTY OF RESIDENCE:..... SUB-
COUNTY.....LOCATION.....SUBLOCATION.....
..... TELEPHONE:
EMAIL:.....

10. STATE IF YOU HAVE ANY SPECIAL COMMUNICATION NEEDS:
[] TEXT
[] SIGN LANGUAGE
[] BRAILLE
[] LARGE PRINT
[] OTHER(SPECIFY).....

SECTION :

(APPLICANTS ARE ENCOURAGED TO SEEK ADMISSION FROM GOVERNMENT INSTITUTIONS AND FAITH/MISSION BASED INSTITUTIONS)

1. NAME OF INSTITUTION:.....
2. POSTAL/PHYSICAL ADDRESS:
TELEPHONE:.....EMAIL:.....
..... COUNTY:..... SUB COUNTY:
3. ARE YOU CURRENTLY ENROLLED? YES NO
5. STUDENT REGISTRATION /ADMISSION
NO.....
6. STUDY TYPE BOARDING DAY SCHOLAR
7. DURATION OF STUDIES START DATE..... COMPLETION
DATE.....
8. KCPE MARKS FOR APPLICANTS JOINING FORM ONE(ATTACH RESULT SLIP)
9. STATE THE TOTAL AMOUNT OF FEES REQUIRED FOR THE YEAR OF STUDY I.E.(ATTACH A COPY OF A CERTIFIED ANNUAL FEE STRUCTURE/CURRENT FEE STATEMENT FOR CONTINUING STUDENTS)
10. STATE AMOUNT REQUESTED FROM NDFPWD:.....
10. STATE YOUR OWN CONTRIBUTION
11. HAVE YOU PREVIOUSLY RECEIVED EDUCATION ASSISTANCE/SPONSORSHIP/BURSARY YES NO
IF YES, STATE SOURCE:A) NDFPWD..... YEAR RECEIVED..... AMOUNT.....
 B) OTHER(SPECIFY)..... YEAR RECEIVED
AMOUNT.....

SECTION :

INDICATOR	DESCRIPTION
HEALTH	DO YOU SUFFER FROM ANY CHRONIC ILLNESS OR CONDITION?..... IF YES PROVIDE EVIDENCE
HOUSEHOLD INCOME	WHAT IS YOUR HOUSEHOLD SOURCE OF INCOME? <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> CASUAL <input type="checkbox"/> FARMING AND PASTORALISM <input type="checkbox"/> BUSINESS STATE AVERAGE MONTHLY INCOME (KSHS)
HOUSING	HOUSEHOLD DWELLING: <input type="checkbox"/> OWNER OCCUPIER (PERMANENT, SEMI PERMANENT) <input type="checkbox"/> RENTED (PERMANENT, SEMI PERMANENT)
HOUSEHOLD CHARACTERISTICS	NO. OF HOUSEHOLD MEMBERS WITH DISABILITIES: (PROVIDE REGISTRATION NUMBERS) NO. OF SIBLINGS IN SCHOOL I) SECONDARY SCHOOL:..... II) UNIVERSITY:..... ARE YOUR PARENTS ALIVE, IF DECEASED PROVIDE DEATH CERTIFICATE/BURIAL PERMIT <input type="checkbox"/> ONE PARENT ALIVE <input type="checkbox"/> BOTH PARENTS DECEASED ARE YOUR PARENTS LIVING TOGETHER? <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION :

I HAVE ATTACHED THE FOLLOWING DOCUMENTS:

- COPY OF PARENT’S/GUARDIAN’S NATIONAL IDENTITY CARD
- COPY OF PARENT’S/GUARDIAN’S DISABILITY IDENTIFICATION CARD
- COPY OF LETTER OF ADMISSION OR LETTER FROM INSTITUTION IF A CONTINUING STUDENT
- COPY OF CERTIFIED OFFICIAL FEES STRUCTURE/CURRENT FEE STATEMENT FOR CONTINUING STUDENT
- COPY OF PREVIOUS CERTIFICATE(S)/REPORT FORMS

I.....CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

SIGNATURE:..... DATE:.....

SECTION D: FOR USE BY HEAD TEACHER/PRINCIPAL/ACADEMIC REGISTRAR

INSTITUTION
 NAME.....
 NAME OF OFFICER:.....DESIGNATION.....
 CONTACT (TELEPHONE NUMBER).....

I HEREBY CERTIFY THAT THE HEREIN NAMED INSTITUTION IS REGISTERED AND IS A CERTIFIED PROVIDER OF THE COURSE FOR WHICH THE APPLICANT NAMED IN THIS FORM HAS APPLIED. THE APPLICANT IS ALSO DULY REGISTERED/ADMITTED IN THE INSTITUTION

ACCOUNT DETAILS

ACCOUNT NAME OF INSTITUTION:..... ACCOUNT NUMBER:.....

NAME OF BANK:..... BRANCH:.....

SIGNATURE AND STAMP:..... DATE:.....

SECTION E: FOR OFFICIAL USE – NCPWD COUNTY DISABILITY SERVICES OFFICER

I DO / DO NOT [TICK AS APPROPRIATE] RECOMMEND THE FOLLOWING INDIVIDUAL TO NDFPWD FOR REHABILITATION SUPPORT. REASON FOR RECOMMENDATION/REJECTION:
.....
.....

I I CONFIRM THAT ALL THE RELEVANT DOCUMENTS ARE ATTACHED AND CORRECT

NAME OF OFFICER: COUNTY:

SIGNATURE AND STAMP:

DATE SUBMITTED ON MIS:

SECTION F: FOR OFFICIAL USE – NCPWD HEADQUARTERS

RECEIVED BY:

NAME OF OFFICER

DESIGNATION.....

SIGNATURE AND STAMP.....DATE APPROVED ON MIS:

REFERENCE NO:.....