

DISABILITY INUKA SCHOLARSHIP

PROGRAMME 2023



APPLICATION FORM

INSTRUCTIONS/GUIDELINES

- This form is **NOT** for sale.
- The information provided in this form is for assessment of the applicant's academic and financial capacity for the purpose of consideration for scholarship/award.
- This application form must be duly filled in CAPITAL LETTERS.
- When invited for interview, the applicant **MUST** bring the originals of all documents attached.
- · Incomplete or inaccurately filled forms will be automatically rejected.
- Canvassing will lead to automatic disqualification.
- The completion and submission of this form is not a guarantee for sponsorship.
- False statements, omissions or forged documents will lead to automatic disqualification.
- Kenya Pipeline Company reserves the right to make the final determination of scholarship beneficiaries.
- Only 2022 KCPE candidates will be considered.
- Every part of this form must be filled. Failure to do so makes this application form incomplete and renders the applicant ineligible for the scholarship.
- · Only shortlisted candidates will be interviewed.

PART A: APPLICANT'S PERSONAL INFORMATION

PERSONAL DATA

Full name of applica	int:									
First:	Middle:	Su	ırname/Fam	nily n	ame				_	
Gender: Male	Female Date of	F Birth: D D	M M	Y	Y	7				
Disability:										
Type of Disability: _	NCPWD Regi	stration No.: N	C P W	D	/ P	/				
(Attach a copy of dis	sability card)									
Do you use any assis	stive device: Yes No	If yes, name the d	evice							
Do you need any ass	sistive device to help you w	ith your secondary s	school educ	ation	? Yes		N	0		
If yes, describe the a	assistive devices									

Do you need any Essential Supplies (E.g., Adult Diapers, Catheter supplies, Colostomy bags?) Yes	
If yes, describe the product	
Postal Address: P.O. Box	
Tel/Mobile No. Alternate Mobile No.	T
Physical Address: CountySub-County	
Division Location sub location	
ACADEMIC INFORMATION	
Name of primary school attended (where you sat 2022 KCPE):	
Postal Address: P.O. Box	
Tel/Mobile No. Alternate Mobile No.	T
Physical address: County: Sub County	
Division: Location: Sub Location:	
K.C.P. E Index No K.C.P.E Results:	
(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 No	
If yes, how many times and why?	
, ,	
PART B: APPLICANT'S FAMILY INFORMATION	
PARENT'S INFORMATION Father's Full Name:	
First Name:Name Surname:	
ID No.	
Living: Deceased: [If deceased please attach copy of death/burial certificate]	
Physical Address: County: Sub-County:	
Division: Location:Sub-Location	
Postal Address: P.O. Box	
Tel/Mobile No.	
Occupation:	

Mother's Full Name:						
First Name:	Middle Name:		Name Surnam	e:		
ID No.						
Living: Deceased:	[If deceased ple	ease attach co	py of death/buri	al certificate]		
Physical Address: County: Sub-County:						
Division:Loc	ation:	Suk	o-Location			
Postal Address: P.O. Box						
Tel/Mobile No.						
Occupation:						
Are your parents living together?	Yes/No (If no please e	xplain):				
GUARDIAN INFORMATION (If not	living with parents)					
First Name:	Middle Name:		Surname: _			
ID No.						
Relationship to student/applicant	:					
Physical Address: County:		District:				
Division: L	.ocation:	Suk	o-Location:			
Postal Address: P.O. Box						
Tel/Mobile No.						
Occupation						
PART C: APPLICANT'S EVIDENC	E OF NEED					
APPLICANT'S INFORMATION						
Indicator		Description				
Why are you applying for a schol	arship?					
Have you received any financial s	support/bursaries in					
the past? Please provide docume	entation.					

	·	
Do you have any special needs? For ex illness, etc. Please provide documenta	· · ·	
Any other cause for special needs? Des	scribe.	
Who do you live with? Parent(s)	Guardian(s)	
PARENT/GUARDIAN INFORMATION		
Indicator	Father/Male Guardian	Mother/Female Guardian
Age of your parents/guardians:		
Does any of your parents have a disability? 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.		
Are your parents/guardians employed? If yes, give details of job and salary per month. Attach copy of pay slip.	;	
Do your parents/guardians own a business? If yes, describe and show the average monthly income. Attach bank statement.		
Do your parents/guardians own land? If yes, state number of acres, type of crops grown, number of		
cows/sheep/goats/donkeys and income from such assets.		
Do your parents/guardians have any other assets or sources of income, including casual labour? If yes, indicate the approximate monthly income.		

FAMILY INFORMATION

FAMILY INFORMATION										
Indicator	Descri	ption								
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?										
Please describe any other cause of disadvantage of vulnerability?	or									
Any siblings in: i) Secondary School: ii) University:										
PART E: DECLARATIONS APPLICANT'S DECLARATION										
			_							
I authorize Kenya Pipeline Company Disability Inc such additional information concerning my edu scholarship application.	ıka Scholars									
In the event I win the scholarship, I commit myse my secondary school course.	lf to working	g hard an	d posting e	xcel	lent	resu	lts th	roug	hout	
Signature :		Date	D D M	M	Υ	Y	Υ	Y		
PARENT'S/GUARDIAN'S DECLARATION										
I confirm that the above information is true to the representation will mean that the application will not		-	-				_	_	false	
On behalf of my child, I authorize Kenya Pipeline information concerning this applicant's education application.		-								
Parent/Guardian:										
Name:Signate	ure:	Da	ite:	D	D	M	М	Y	Υ	Υ
					1	1				1

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:

why he/she s	t on the above-named applicant's performal should be considered for the Kenya Pipeling ve you known the candidate/family?	e Company Disability Inuka	Scholarship Programme:
_	didate's financial ability:		
Rich	Middle Class Low Income	Very Needy	Needy 🗌
attended my	ved the information given in this form and school. Based on my knowledge and/or included facts provided about his/her circumstances.	quiries, I can affirm that he,	
Name:	Signature	Official stamp:	
Date:	Address: P.O. Box:	_ Tel/Mobile Number:	_
How long hav	Administration (Chief or Asst. Chief). ve you known the candidate/family? didate's financial ability: Middle Class Low Income	Very Needy	
resident of r needy/vulner	ved the information given in this form and be my location/ sub-location. Based on my k rable based on the following facts about his/l	nowledge and/or inquiries her circumstances.	I can affirm that he is
Name:	Signature	Official stamp:	
Date:	Address: P.O. Box:	_ Tel/Mobile Number:	_
3. Religious L	eader (bishop, pastor, priest, imam, etc.)		
_	ve you known the candidate/family? didate's financial ability:		
Rich	Middle Class Low Income	Very Needy	Needy
	wed the information given in this form and ries I can affirm that this student is needy/v es.		,
Name:	Signature	Official stamp:	
Date:	Address: P.O. Box:	_ Tel/Mobile Number:	_
NB: If a famil	ly is found to have misrepresented their circ	umstances, the scholarship	will be terminated

END

and they will be required to refund fees paid.