



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 applicant:

First: _____ Middle: _____ Surname/Family name _____

Gender: Male Female Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Disability:

Type of Disability: _____ NCPWD Registration No.:

N	C	P	W	D	/	P	/						
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(Attach a copy of disability card)

Do you use any assistive device: Yes No If yes, name the device _____

Do you need any assistive device to help you with your secondary school education? Yes No

If yes, describe the assistive devices _____

Do you have any special needs? For example, chronic illness, etc. Please provide documentation.	
Any other cause for special needs? Describe.	

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.		

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:

Please report on the above-named applicant's performance, conduct, special needs and talents. Also explain why he/she should be considered for the Kenya Pipeline Company Disability Inuka Scholarship Programme: How long have you known the candidate/family? _____

Rate the candidate's financial ability:

Rich Middle Class Low Income Very Needy Needy

I have reviewed the information given in this form and believe it to be truthful. The above-named student attended my school. Based on my knowledge and/or inquiries, I can affirm that he/she is needy/vulnerable based on the facts provided about his/her circumstances.

Name: _____ Signature _____ Official stamp: _____

Date: _____ Address: P.O. Box: _____ Tel/Mobile Number: _____

2. Provincial Administration (Chief or Asst. Chief).

How long have you known the candidate/family? _____

Rate the candidate's financial ability:

Rich Middle Class Low Income Very Needy Needy

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 can affirm that he is needy/vulnerable based on the following facts about his/her circumstances.

Name: _____ Signature _____ Official stamp: _____

Date: _____ Address: P.O. Box: _____ Tel/Mobile Number: _____

3. Religious Leader (bishop, pastor, priest, imam, etc.)

How long have you known the candidate/family? _____

Rate the candidate's financial ability:

Rich Middle Class Low Income Very Needy Needy

I have reviewed the information given in this form and believe it to be truthful. Based on my knowledge and/or inquiries I can affirm that this student is needy/vulnerable based on the facts provided about his/her circumstances.

Name: _____ Signature _____ Official stamp: _____

Date: _____ Address: P.O. Box: _____ Tel/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.

END