



NATIONAL DEVELOPMENT FUND FOR PERSONS WITH DISABILITIES

APPLICATION FORM- PO/AP/2(a)

FAULU SCHOLARSHIP PROGRAM - 2023

NOTE: SUBMISSION OF APPLICATION DOES NOT GUARANTEE SUPPORT

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. DISABILITY IDENTIFICATION NUMBER:(ATTACH A COPY)
- 6. TYPE OF DISABILITY CONGENITAL ACQUIRED
(STATE YEAR ACQUIRED)
- 7. PERMANENT COUNTY OF RESIDENCE..... SUB-COUNTY
- LOCATION.....
- TELEPHONE: EMAIL.....
- 8. NAME OF PARENT/GUARDIAN:
- NATIONAL ID. NO: RELATIONSHIP TO APPLICANT:.....
- 9. STATE IF YOU HAVE ANY SPECIAL COMMUNICATION NEED(S):
 - _ TEXT
 - _ SIGN LANGUAGE
 - _ BRAILLE
 - _ LARGE PRINT
 - _ OTHER(SPECIFY).....

SECTION B: EDUCATION ASSISTANCE REQUESTED

(APPLICANTS ARE ENCOURAGED TO SEEK ADMISSION FROM GOVERNMENT SCHOOLS)

1. NAME OF INSTITUTION.....

2. POSTAL/PHYSICAL ADDRESS:

TELEPHONE.....EMAIL.....

COUNTY..... SUB COUNTY:

3. ARE YOU CURRENTLY ENROLLED? _ YES _ NO

4. CURRENT LEVEL BEING PURSUED

FORM 1

FORM 2

FORM 3

FORM 4

5. STUDENT'S SCHOOL ADMISSION NO.....

6. STUDY TYPE: BOARDING DAY SCHOLAR

7. KCPE MARKS ATTAINED (ATTACH RESULT SLIP)

8. STATE 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)

9. HAVE YOU PREVIOUSLY RECEIVED EDUCATION ASSISTANCE/SPONSORSHIP/BURSARY _ YES _ NO

IF YES, STATE SOURCE: A) NDFPWD. YEAR RECEIVED..... AMOUNT.....

B) OTHER SOURCES (SPECIFY)..... YEAR RECEIVED..... AMOUNT.....

SECTION C: APPLICANT'S BACKGROUND INFORMATION

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

SECTION C: DECLARATION BY: PARENT/GURDIAN/STUDENT

I HAVE ATTACHED THE FOLLOWING DOCUMENTS:

- _ COPY OF NATIONAL IDENTITY CARD (OR PARENT’S/GUARDIAN’S IF APPLICANT IS UNDER 18YRS.)
- _ COPY OF DISABILITY IDENTIFICATION CARD
- _ COPY OF LETTER OF ADMISSION
- COPY OF CERTIFIED OFFICIAL FEES STRUCTURE
- CURRENT FEE STATEMENT FOR CONTINUING STUDENT
- _ COPY OF KCPE RESULTS SLIP/REPORT FORMS (CONTINUING STUDENTS)

ICERTIFY 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/BURSAR/CLASS TEACHER

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 SCHOLARSHIP SUPPORT. REASON FOR RECOMMENDATION/REJECTION:

.....
.....

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

NAME OF OFFICER: COUNTY:

SIGNATURE AND STAMP:

DATE SUBMITTED ON MIS/SOFT COPIES:

SECTION F: FOR OFFICIAL USE – NCPWD HEADQUARTERS

RECEIVED BY:

NAME OF OFFICER

DESIGNATION.....

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

REFERENCE NO.....