 

**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) ….…………………………………………………………

1. NATIONAL IDENTIFICATION NUMBER (ATTACH COPY………………………………………….
2. NAME OF PARENT/GUARDIAN: ………………………………………

NATIONAL ID. NO: RELATIONSHIP TO APPLICANT:

# ……………..………………….

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

7. STATE DISABILITY ..……………………….……………………

1. CAUSE OF DISABILITY: CONGENITAL ………………… ACQUIRED ……..…………….

(STATE YEAR ACQUIRED) ……………………….

1. PERMANENT COUNTY OF RESIDENCE SUB-

COUNTY…….…………..LOCATION………………………………...…SUBLOCATION……………

…….…………….……………… TELEPHONE: …………………..….

# EMAIL:…………………..……………………………..

1. STATE IF YOU HAVE ANY SPECIAL COMMUNICATION NEEDS: TEXT

 SIGN LANGUAGE  BRAILLE

 LARGE PRINT

OTHER(SPECIFY)……………………………………………………………………………………………

(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

1. STUDENT REGISTRATION /ADMISSION NO……………………………………………..………………….
2. STUDY TYPE BOARDING DAY SCHOLAR
3. DURATION OF STUDIES ………….… START DATE COMPLETION

DATE…..………..…

1. KCPE MARKS FOR APPLICANTS JOINING FORM ONE ( ATTACH RESULT SLIP )
2. 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) ………………………………………………………………………………

1. STATE AMOUNT REQUESTED FROM NDFPWD:………………………………………………………..
2. STATE YOUR OWN CONTRIBUTION ………………………….…………………
3. 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….…………………



|  |  |
| --- | --- |
| **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?EMPLOYMENT  CASUAL FARMING AND PASTORALISM BUSINESSSTATE AVERAGE MONTHLY INCOME (KSHS)……………………………………………………………. |
| **HOUSING** | HOUSEHOLD DWELLING: OWNER OCCUPIER (PERMANENT, SEMI PERMANENT) RENTED (PERMANENT, SEMI PERMANENT) |
| **HOUSEHOLD CHARACTERISTICS** | NO. OF HOUSEHOLD MEMBERS WITH DISABILITIES: (PROVIDE REGISTRATION NUMBERS)…………………………………………………………….. NO. OF SIBLINGS IN SCHOOLI) SECONDARYSCHOOL:……………………………..II) UNIVERSITY:……………………………………….ARE YOUR PARENTS ALIVE, ……….…………………IF DECEASEDPROVIDE DEATH CERTIFICATE/BURIAL PERMIT  ONE PARENT ALIVE BOTH PARENTS DECEASEDARE YOUR PARENTS LIVING TOGETHER? YES  NO |

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 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:..………..……