



NATIONAL DEVELOPMENT FUND FOR PERSONS WITH DISABILITIES (NDFPWD)



USTAWI SCHOLARSHIP APPLICATION FORM - PO/AP/2(a)

HELLEN MCGOWAN SCHOLARSHIP PROGRAM - 2024

NOTE: SUBMISSION OF APPLICATION DOES NOT GUARANTEE SUPPORT

SECTION A: PERSONAL DETAILS

- 1. NAME.....
2. SEX: \_ MALE \_ FEMALE \_ INTERSEX
3. ETHNICITY.....
4. DATE OF BIRTH:(DD/MM/YY) .....
5. NATIONAL IDENTIFICATION NUMBER (ATTACH COPY).....
6. DISABILITY IDENTIFICATION NUMBER:(ATTACH A COPY) .....
7. TYPE OF DISABILITY ..... [ ] CONGENITAL [ ] ACQUIRED (STATE YEAR ACQUIRED) .....
8. PERMANENT COUNTY OF RESIDENCE..... SUB-COUNTY ..... LOCATION..... TELEPHONE: ..... EMAIL.....
9. NAME OF PARENT/GUARDIAN: ..... NATIONAL ID. NO: ..... RELATIONSHIP TO APPLICANT: .....
10. 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: .....LOCATION.....
- 3. ARE YOU CURRENTLY ENROLLED? \_ YES \_ NO
- 4. CURRENT LEVEL BEING PURSUED

- FORM 1
- FORM 2
- FORM 3
- FORM 4
- JSS GRADE7
- JSS GRADE 8
- JSS GRADE 9
- SSS GRADE7
- SSS GRADE 8
- SSS GRADE 9

5. STUDENT’S SCHOOL ADMISSION NO IF ANY.....

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)

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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
<b>HEALTH</b>	DO YOU SUFFER FROM ANY CHRONIC ILLNESS OR CONDITION?..... IF YES PROVIDE EVIDENCE
<b>HOUSEHOLD INCOME</b>	WHAT IS THE SOURCE OF HOUSEHOLD INCOME? 1. EMPLOYMENT 2. CASUAL 3. FARMING AND PASTORALISM 4. BUSINESS  STATE AVERAGE MONTHLY INCOME(KSHS) .....
<b>HOUSING</b>	HOUSEHOLD DWELLING: ➤ OWNER OCCUPIER (PERMANENT, SEMI PARMANENT) ➤ RENTED (PERMANENT, SEMI PARMANENT)
<b>HOUSEHOLD CHARACTERISTICS</b>	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 ( <i>PROVIDE DEATH CERTIFICATE/ BURIAL PERMIT</i> )  _ 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 FORMS (WHERE APPLICABLE)

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/BURSAR/CLASS TEACHER**

INSTITUTIONNAME.....

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.....