WEZESHA SCHOLARSHIP
ELIGIBILITY VERIFICATION OF PARENTS/GUARDIANS WITH DISABILITIES

NAME OF STUDENT: ………………………………………………………………………………..

SCHOOL: …………………………………………………….. **KCPE MARKS:** …………..

NAME OF PARENT/GUARDIANS: ………………………………………………………………..
Contact: …………………………….. **Alternative Contact:** ………………………..

RELATIONSHIP WITH STUDENT

Tick appropriately: Parent: ☐   Guardian: ☐

If Parent fill **Section A** and if Guardian fill **Section B.**

PARENT (Section A)

1. Is parent formally employed?   **Yes** ☐   **NO** ☐
 	
 2. If **NO** state source of income: …………………………………………………….
 Attach documents listed:
     1. Copy of birth certificate for leaner.
     2. National ID for Parent
     3. Copy of NCPWD registration card for parent.

GUARDIAN (Section B)
1. Are the parents of the student alive? **Yes** ☐   **NO** ☐
2. If **YES** state their whereabouts: ………………………………………………….   3. State why you live with the student: …………………………………………………   ………………………………………………………………………………………………
4. Is the guardian formally employed? **Yes** ☐   **NO** ☐

If **NO** state source of income: ………………………………………………….…..
 Attach documents listed:
     1. Copy of birth certificate for student
     2. Death certificate for parents if deceased/verification letter from chief if parents are alive
     3. National ID for guardian
     4. Copy of NCPWD registration card for parent.

COUNTY DISABILITY OFFICE

I (Name of Officer) ……………………………………………………………………

(Designation) ………………………………………….. of (County) …………………

certify that I have conducted home visits to confirm household vulnerability information and status of household and the information provided in this document is true and complete to best of my knowledge.

Siganture: …………………………………….. Date: …………………………

Stamp:

HQ: EVALUATION AND AUDIT REMARKS

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