



NATIONAL DEVELOPMENT FUND FOR PERSONS WITH DISABILITIES

APPLICATION FORM- PO/AP/2 (b)

WEZESHA 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. NAME OF PARENT/GUARDIAN: .....

NATIONAL ID. NO:.....RELATIONSHIP TO APPLICANT.....

6. TYPE OF DISABILITY .....  CONGENITAL  ACQUIRED  
(STATE YEAR ACQUIRED) .....

7. PERMANENT COUNTY OF RESIDENCE..... SUB-COUNTY .....  
LOCATION.....TELEPHONE.....EMAIL.....

7. PERMANENT COUNTY OF RESIDENCE..... SUB-COUNTY.....  
LOCATION.....TELEPHONE: .....  
EMAIL.....

8. STATE IF YOU HAVE ANY SPECIAL COMMUNICATION NEEDS:  
 TEXT  
 SIGN LANGUAGE  
 BRAILLE LARGE PRINT  
 OTHER(SPECIFY).....

**SECTION B: EDUCATION ASSISTANCE REQUIRED**

(APPLICANTS ARE ENCOURAGED TO SEEK ADMISSION FROM GOVERNMENT INSTITUTIONS)

- 1. NAME OF INSTITUTION:.....
  
- 2. POSTAL.....CODE.....PHYSICAL ADDRESS:.....  
TELEPHONE:.....EMAIL:.....  
..... COUNTY:..... SUB COUNTY: .....
- 3. ARE YOU CURRENTLY ENROLLED?  YES  NO
  
- 5. STUDENT REGISTRATION/ADMISSION NO.....
  
- 6. STUDY TYPE: BOARDING  DAY SCHOLAR
  
- 7. KCPE MARKS ATTAINED.....(ATTACH RESULT SLIP )
  
- 8. STATE THE TOTAL AMOUNT OF FEES REQUIRED FOR THE YEAR OF STUDY. (ATTACH A COPY OF A CERTIFIED ANNUAL FEE STRUCTURE/CURRENT FEE STATEMENT FOR CONTINUING STUDENTS) .....
  
- 10. HAVE YOU PREVIOUSLY RECEIVED EDUCATION ASSISTANCE/SPONSORSHIP/BURSARY?  
  
YES  NO
  
- 11. IF YES, STATE SOURCE:  
  
A)  NDFPWD.....YEAR RECEIVED.....AMOUNT.....  
  
B)  OTHER (SPECIFY)..... YEAR RECEIVED .....AMOUNT.....

**SECTION C: APPLICANTS 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 YOUR SOURCE OF INCOME?(PUT A TICK)  - EMPLOYMENT -CASUAL -FARMING AND PASTORALISM BUSINESS - 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 YOUR HOUSEHOLD MEMBERS.....  HOUSEHOLD MEMBERS WITH DISABILITIES: (PROVIDE REGISTRATION NUMBERS.....) NO. OF CHILDREN IN SCHOOL:  I) PRIMARY SCHOOL..... II) SECONDARY SCHOOL..... III) COLLEGE/ UNIVERSITY.....  <b>MARITAL STATUS:</b>  <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED (ATTACH DEATH CERTIFICATE) <input type="checkbox"/> NEVER MARRIED

**SECTION D: DECLARATION**

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 FEE STRUCTURE/CURRENT FEE STATEMENT FOR CONTINUING STUDENT
- COPY OF KCPE RESULTS SLIP/REPORT FORMS FOR CONTINUING STUDENT

I..... CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

PARENT/GURDIANS SIGNATURE.....DATE.....

**SECTION E: FOR USE BY HEAD TEACHER/PRINCIPAL/BURSAR/CLASS TEACHER**

INSTITUTION NAME.....

NAME OF OFFICER.....DESIGNATION.....

INSTITUTION TELEPHONE NUMBER .....EMAIL.....

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 F: 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 COPY: .....

**SECTION G: FOR OFFICIAL USE – NCPWD HEADQUARTERS**

RECEIVED BY:

NAME OF OFFICER .....

DESIGNATION.....

SIGNATURE AND STAMP.....DATE APPROVED ON MIS/SOFT COPY: .....

REFERENCE NO.....