



INUKA SCHOLARSHIP APPLICATION FORM 2026

NAME:

EMAIL:

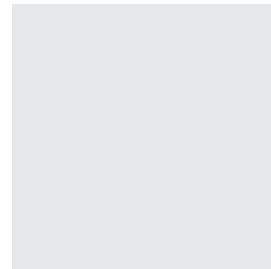
PHONE:

INSTRUCTIONS/GUIDELINES

- This form is **NOT** for sale.
- The information provided in this form is for assessment of the applicant's academic and financial capacity for the purpose of consideration for scholarship/award.
- This application form must be duly filled in **CAPITAL LETTERS**.
- When invited for interview, the applicant **MUST** bring the originals of all documents requested.
- Incomplete or inaccurately filled forms will be automatically rejected.
- Canvassing will lead to automatic disqualification.
- Completion and submission of this form is not a guarantee for sponsorship
- False statements, omissions or forged documents will lead to automatic disqualification.
- KPC Foundation reserves the right to make the final determination of scholarship beneficiaries.
- **ONLY 2025 KJSEA** candidates will be considered.
- Must attach Chief's recommendation letter.
- Every part of this form must be filled. Failure to do so will lead to rejection of the application.
- Only shortlisted candidates will be interviewed.

ATTACHMENTS CHECKLIST

- Copy of KJSEA assessment slip
- Copy of applicant's birth certificate
- Copy of NCPWD certificate
- Copy of death certificate if applicable
- Copy of comprehensive school leaving certificate
- Copy of father's ID card and b. Copy of mother's ID card or c. Copy of guardian's ID card
- Only successful applicants will be advised to submit a certified Senior School admission letter, Fees Structure and senior school requirements



PART A: APPLICANT'S PERSONAL DETAILS

PERSONAL DATA

Full Name of Applicant:

PASSPORT PHOTO

First Name: _____ Middle Name: _____ Surname/Family Name: _____

Gender: M F

Date of Birth: D D M M Y Y Y Y

*[Attach copy of birth certificate]

Telephone/Mobile No. Alternative Mobile No.

Physical Address: County: _____ Sub-County: _____

Ward: _____ Location: _____ Sub-Location: _____

DISABILITY

Type of Disability: _____

NCPWD Registration No.

[Attach a copy of *[Attach copy of disability card]

Do you use any assistive device(s): Y N

If yes, name the device(s): _____

Do you need any assistive device to help with your Senior School Y N

If yes, describe the assistive devices

Do you need any Essential Supplies (E.g., Adult Diapers, Catheter supplies, Colostomy bags?) Y N

If yes, describe the product _____

ACADEMIC INFORMATION

Name of Comprehensive/Primary school attended: _____

County: _____ Sub-County: _____

Division: _____ Location: _____ Sub-Location: _____

KJSEA Index No. KJSEA Results:

[Attach copy of assessment slip or one provided and certified by the headteacher of your former school]

Name of the Senior School you have been admitted to:

Address: _____ Town/City: _____ County: _____

PART B: APPLICANT'S FAMILY INFORMATION**PARENTS' INFORMATION****Father's Full Name:**

First Name: _____ Middle Name: _____ Surname: _____

ID No. Living: Deceased: [If deceased, please attach copy of death/burial certificate]

Physical Address: County: _____ Sub-County: _____

Ward: _____ Location: _____ Sub-Location: _____

Postal Address: P.O. Box: Town/City: Postal Code: Telephone/Mobile No.

Source of Income: _____

Amount of Monthly Income in Kshs: _____

Mother's Full Name:

First Name: _____ Middle Name: _____ Surname: _____

ID No. Living: Deceased: [If deceased, please attach copy of death/burial certificate]

Physical Address: County: _____ Sub-County: _____

Ward: _____ Location: _____ Sub-Location: _____

Postal Address: P.O. Box: Town/City: Postal Code: Telephone/Mobile Number:

Source of Income: _____

Amount of Monthly Income in Kshs: _____

GUARDIAN INFORMATION (If not living with the parents)

First Name: _____ Middle Name: _____ Surname: _____

ID No. Relationship with student/applicant: _____

Physical Address: County: _____ Sub-County: _____

Ward: _____ Location: _____ Sub-Location: _____

Postal Address: P.O. Box: Town/City: Postal Code: Telephone/Mobile Number:

Source of Income: _____

Amount of Monthly Income in Kshs: _____

PART C: APPLICANT'S EVIDENCE OF NEED**APPLICANT'S INFORMATION**

Indicator	Description
Why are you applying for a scholarship?	
Have you received any financial support/bursaries in the past? Please provide documentation.	
Have you applied for any other scholarship apart from Inuka.	
Do you have any special needs? For example, chronic illness, etc. Please provide documentation.	
Any other cause for special needs? Describe.	

Who do you live with? Parent(s)

Guardian(s)

Other

Specify

PARENTS'/GUARDIANS' INFORMATION

Indicator	Father/Male Guardian	Mother/Female Guardian
Are you living with both parents? If not, explain		
Are your parents/guardians employed? If yes, give Indicate the job and salary per month. Attach copy of pay slip. If informally working indicate monthly income		
Do your parents/guardians own a business? If yes, describe and show the average monthly income. Attach bank statement.		
Do your parents/guardians own land? If yes, state number of acres, type of crops grown, number of cows/sheep/goats'/ donkeys and income from such assets.		
Do your parents/guardians have any other assets or sources of income, including casual labor? If yes, indicate the approximate monthly income.		

FAMILY INFORMATION

Number of Sibling	Name of Sibling	Age	Name of Comprehensive School/Secondary School/College/University
1			
2			
3			
4			
5			

(SKETCH A DIRECTIONAL MAP TO YOUR HOME FROM THE NEAREST LANDMARK)

PART E: DECLARATIONS

APPLICANT'S DECLARATION

I, _____ declare that the information given above is true to the best of my knowledge and I am aware that giving false representation will mean that the application will not be considered and will lead to automatic disqualification. I authorize KPC Foundation or its representatives to obtain such additional information concerning my education and financial records as needed to complete this scholarship application. I commit myself to working hard and posting excellent results throughout my Senior School course.

Signature:

Date

D	D	M	M	Y	Y	Y	Y
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PARENT/GUARDIAN DECLARATION

I, _____ declare that the information given above is true to the best of my knowledge and I am aware that giving false representation will mean that the application will not be considered and will lead to automatic disqualification. On behalf of my child I authorize KPC Foundation or its representatives to obtain additional information concerning my child's education and financial records as needed to complete this scholarship application. I authorize the KPC Foundation and its representatives to collect any additional personal information, including pictures and videos, as necessary to complete this scholarship application. I also authorize my child to be attending the annual Inuka Mentorship Program in Nairobi. I authorize the use of my child's image in communication material related to the Inuka program.

Signature:

Date

D	D	M	M	Y	Y	Y	Y
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PART F: RECOMMENDATIONS

This part must be completed by relevant authorities indicated, any false information will lead to disqualification.

1. Comprehensive/Primary School Headteacher

Please report on the above-named applicant's performance, conduct, special needs and talents.

Also explain why he/she should be considered for the Inuka Scholarship Program:

How long have you known the candidate/family _____

Rate the candidate's financial ability by ticking one of the boxes:

Rich Middle class Low Income Needy Very Needy

Recommendation:.....

I have reviewed the information given in this form and believe it to be truthful. The above-named student attended my school. Based on my knowledge and inquiries, I can affirm that he/she is needy/vulnerable based on the facts provided about his/her circumstances.

Name: _____ Signature: _____ Official Stamp: _____

Date: _____ Adress: P.O.BOX _____ Mobile No. _____

2. County Administration (Chief/Asst. Chief).

How long have you known the candidate/family _____

Rate the candidate's financial ability:

Rich Middle class Low Income Needy Very Needy

I have reviewed the information given in this form and believe it to be truthful. The above-named student is a resident of my location/sub- location. Based on my knowledge and/or inquiries, I can affirm that he/she is needy/vulnerable based on the facts provided about his/her circumstances.

Name: _____ Signature: _____ Official Stamp: _____

Date: _____ Adress: P.O.BOX _____ Mobile No. _____

3. Religious leader (Bishop, Pastor, Priest, Imam, etc.).

How long have you known the candidate/family _____

Rate the candidate's financial ability:

Rich Middle class Low Income Needy Very Needy

I have reviewed the information given in this form and believe it to be truthful. Based on my knowledge and/or inquiries, I can affirm that he/she is needy/vulnerable based on the facts provided about his/her circumstances.

Name: _____ Signature: _____ Official Stamp: _____

Date: _____ Adress: P.O.BOX _____ Mobile No. _____

NB:

- If a scholar is found to have misrepresented their circumstances, the scholarship will be terminated, and they will be required to refund funds paid
- Once you have fully completed the form, print and carry it to the vetting/interview centers in your county (at the County Headquarters) on the interview/vetting day as listed on the KPC Foundation Website and Social media pages.