INUKA PLUS SCHOLARSHIP - 2026

PASSPORT – SIZE PHOTO HERE

FOUNDATION

INUKA PLUS

SCHOLARSHIP PROGRAM

EMPOWERING COMMUNITIES

TRANFORMING LIVES

INUKA PLUS No._____

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 award, the applicant **MUST** bring the original documents requested.
- Incomplete or inaccurately filled forms will be automatically rejected.
- 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 KCSE** candidates will be considered.
- Must have been Inuka Scholarship Program Beneficiary in secondary School.
- Must attach Chief's recommendation letter.
- Every part of this form must be filled. Failure to do so makes this application form incomplete and renders the applicant ineligible for the scholarship.
- Only shortlisted candidates will be accepted.

ATTACHMENTS CHECKLIST

- Copy of KCSE result slip
- Copy of secondary school leaving certificate
- Copy of NCPWD card/ certificate
- Copy of applicant's birth certificate
- Admission Letter
- Fees Structure / Statement
- Copy of father's ID card and b. Copy of mother's ID card or c. Copy of guardian's ID card

PART A: APPLICANT'S PERSONAL DETAILS

PERSONAL DATA

Full Name of Applicant:

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 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 University/Tertiary education 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 secondary school attended: _____

County:_____Sub-County:_____

Division:_____Location_____Sub-Location: _____

KCSE Index No.											KCSE Results:		

(Attach copy of results slip or one provided and certified by the principal of your former school)

Name of the college or university you have been admitted to:

_____

Which school (e.g. School of Business): _____

Address:_____Town/City:_____County_____

Course Title: _____

Student ID Number:_____ Course Commencement date: _____

Course Duration_____Anticipated graduation date: _____

Were you placed in this institution through KUCCPS? Y | N

KUCCPS Registration Number: _____

Have you obtained HELB/government sponsorship at the University/college? Y | N

Specify Government Scholarship Band awarded_____

(Proof of admission through KUCCPS in above institution is required for eligibility)

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: _____

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: _____

Are your parents living together? Yes ■ No ■

GUARDIAN INFORMATION (If not living with the parents)

First Name:_____Middle Name:_____Surname :_____

Physical Address: County:_____Sub-County:_____

Ward:_____Location:_____Sub-Location: _____

Telephone/Mobile Number:

Source of Income: _____

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.	
Do you have any other sponsor apart from KPC Foundation.	
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 your parents/guardians employed? If yes, give details of job and salary per month. Attach copy of pay slip.		
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 labour? If yes, indicate the approximate monthly income.		

FAMILY INFORMATION

Siblings in School		NAME OF SIBLING	AGE	NAME OF SECONDARY SCHOOL/COLLEGE/UNIVERSITY
	1			
	2			
	3			
	4			
	5			
	6			
	7			

(SKETCH A DIRECTIONAL MAP TO THE 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 authorize the KPC Foundation and its representatives to collect any additional personal information, including pictures and videos, as necessary to complete my scholarship application.

I commit myself to working hard and posting excellent results throughout my university course.

Signature: Date	D	D	M	M	Y	Y	Y	Y

NB:

- **If a scholar is found to have misrepresented their circumstances, the scholarship will be terminated, and theywill be required to refund funds paid**
- **Once you have fully completed the form, please either scan and email it to inuka@kpc.co.ke or submit it in person at the Kenya Pipeline Company Headquarters, Sekondi Road, Lunga Lunga, Nairobi.**