2027 PERSONS WITH DISABILITIES SCHOLARSHIPS APPLICATION FORM

For Consideration under Participating Scholarship Programs

NAME:

EMAIL:

COUNTY:

ASSESSMENT NUMBER:

PHONE:

SUB COUNTY:

SCHOLARSHIP PROGRAMS COVERED

1. **Citizens of the Future Scholarship Program by M-PESA Foundation**

2. **Faulu Scholarship Program by National Council of Persons with Disabilities**

3. **Inuka Scholarship Program by KPC Foundation**

4. **KCB Scholars Program by KCB Foundation**

INSTRUCTIONS/GUIDELINES

- This form is **NOT** for sale.
- **ONLY 2026** KJSEA candidates will be considered.
- This scholarship opportunities is only offered to Persons with Disabilities.
- Must be registered with the NCPWD.
- This application form must be duly filled in **CAPITAL LETTERS/BRAILLE.**
- Incomplete or inaccurately filled forms will be automatically rejected.
- Canvassing will lead to automatic disqualification.
- False statements, omissions or forged documents will lead to automatic disqualification.
- Final selection will be made by the respective participating organizations based on eligibility, need, and available opportunities.
- The participating organizations reserve the right to make the final determination of scholarship beneficiaries.
- The information provided in this form is for assessment of the applicant's vulnerability for the purpose of consideration for scholarship/award.
- Only shortlisted applicants will be interviewed.
- When invited for interview, the applicant **MUST** bring the originals of all documents requested.
- Completion and submission of this form does not guarantee award of a scholarship.
- Applicants will be given equal opportunity.
- If sponsored, provide a confirmation letter from the sponsor.
- All applicants shall be accorded equal consideration, without discrimination on the basis of disability, gender, religion, ethnicity, or any other status.
- Successful applicants will be placed on any of the listed scholarships.

ATTACHMENTS CHECKLIST

Attach copies of the following documents:

- Academic report for the grade 6 (KPSEA certificate), 7, 8 and 9 internal assessment reports with official school stamp.
- Grade 9 latest assessment .
- Applicant's birth certificate.
- NCPWD certificate.
- Death certificate if applicable.
- Parents/ guardian's ID card.
- Evidence of participation in extra curriculum activities where applicable.

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 DATA

First Name:	Middle Name:	Last Name:	NEMIS NUMBER:
Date of Birth (Attach copy of Birth Certificate):	(Dd/mm/yyyy):	Gender (tick appropriate): MALE/FEMALE:	Religion:
Do you have any condition that requires special support?	YES/NO:	If yes, give a brief explanation below and attach copies of medical certificates	
Are you a citizen of Kenya? YES: NO:	If NO, state: 1. Your Country of citizenship..... 2. Your residence in Kenya.....		

Telephone Mobile No. | | | | | | | | | | Alternative Mobile No. | | | | | | | | | | |

Physical Address: County:_____Sub-County:_____

Ward:_____Location:_____Sub-Location: _____

DISABILITY

Type of Disability: _____NCPWD Registration No. | | | | | | |

*(Attach copy of disability card)

Do you use any 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 device(s):_____

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

If yes, describe the product: _____

PART B: PRIMARY SCHOOL DETAILS (MANDATORY)

Name of School	County	School Phone Number	School Postal Address
Head Teacher's First Name	**Head Teacher's Last Name**	**Head Teacher's Phone Number**	**Head Teacher's Email**
Permanent physical address of School (Include name of Estate/Village and Sub – County)			
Assessment Number: **KJSEA Index Number:**		**Grade 9 Assessment Results (Attach copy of assessment slip or one provided and certified by the headteacher of your former school)**	
School Type (Tick appropriate)	**Public**	**Private Religious**	**Informal**
CBC PATHWAY **(Tick (appropriate)**	**Arts and Sports Science**	**Social Sciences Science, Technology, Engineering and Mathematics (STEM)**	
Name of the Senior School you have been admitted to:	**Address:**	**Town/City County**	

PART C: 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: _____

Telephone/Mobile Number: | | | | | | | | | | |

Source of Income: _____

Amount of Monthly Income in Kshs: _____

Are your parents living together? Yes | No

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 D: APPLICANT'S EVIDENCE OF NEED

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 besides those listed above?	
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	Parents / 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. Attachcopy 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.	

SIBLING INFORMATION (BOTHERS AND SISTERS) MANADATORY					
NAME	**AGE**	**OCCUPATION**	**INCOME**	**INSTITUTION/SCHOOL**	**WHO PAYS**

(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 the participating scholarship organizations and their representatives to obtain any additional information concerning my education and financial records as needed to complete and assess 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

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 the participating scholarship organizations and their representatives to obtain additional information concerning my child's education and financial records as needed to complete and assess this scholarship application. I authorize the participating scholarship organizations and their representatives to collect any additional personal information, including pictures and videos, where necessary for scholarship assessment, documentation, mentorship, and related communication purposes.

Name: Signature: Date	D	D	M	M	Y	Y	Y	Y

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 any of the participating scholarship programs:

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 an applicant is found to have misrepresented their circumstances, the scholarship will be terminated, and they will be required to refund funds paid.**
- **Completed application forms should be submitted at the nearest NCPWD office or KCB Bank Branch.**

PART G: OFFICIAL USE ONLY

Table 1: Receiving Officer			
Application No.		Date Received	
Receiving Officer's Name		County/Sub-County	
Signature		Official Stamp	

Table 2: Shortlisting Officers			
Form Complete	Yes ☐ No ☐	Attachments Complete	Yes ☐ No ☐
NCPWD Verified	Yes ☐ No ☐	Recommended for Shortlisting	Yes ☐ No ☐
Shortlisting Officers' Comments:			
Officer 1 Name/Signature		Officer 2 Name/Signature	

Table 3: Final Approval			
Final Decision	Approved ☐ Rejected ☐	Scholarship Program Awarded	
Final Approver's Comments:			
Name of Final Approver		Designation	
Signature		Date/Official Stamp	