



**IMARIKA FOUNDATION
2023 SCHOLARSHIP APPLICATION FORM**

PASSPORT
PHOTO

INSTRUCTIONS/GUIDELINES

1. The Form is Free of charge by Imarika Foundation.
2. This form should be filled accurately and completely in CAPITAL letters.
3. The information given in this application form is intended to help the selection. Committee understands the applicant status regarding eligibility for the scholarship.
4. Only 2023 KCPE candidates will be considered; applicants from Kilifi, Mombasa, Kwale, Tanariver and Lamu counties are encouraged to apply.
5. Candidates **MUST** have obtained **350** marks and above in KCPE and from needy family. *(To Note: Beneficiaries living with disabilities are encouraged to apply with a minimum of 300 marks in KCPE).*
6. Applicant's parent or guardian should be a member of Imarika Sacco or willing to become a member.
7. All supporting documents **MUST** be attached to the application.
8. Application **DEADLINE** is **16th December, 2023** and kindly drop hard copies in any Imarika DT Sacco branches address it to Imarika Foundation.

PART A: APPLICANTS PERSONAL DETAILS

I) APPLICANTS PERSONAL DATA

Full name of Applicant: _____
 Gender: Male () Female () Date of Birth: _____
 Postal Address: P.O. Box _____ Town/City: _____
 Postal Code _____ Family Status: (Both parents/single parent/orphan) _____ *(attach proof)*
 Are your parents living together? Yes () No ()
 Tel. Contact _____ Alternative _____
 Physical Address: County: _____ Sub County _____
 Ward _____ Location _____ Sub
 Location _____

II) ACADEMIC INFORMATION

Name of primary School where you sat
 KCPE _____
 Postal Address: P.O. Box _____ Town/City _____ Postal
 Code _____
 Tel/mobile No: _____ Alternative Number _____
 Physical Address: County: _____ Sub County _____
 Ward _____ Location _____ Sub
 Location _____
 KCPE Index No.: _____ KCPE Marks _____ Year sat for
 KCPE: _____

(Attach a copy of your result slip certified by Head teacher of former school)

Name of Secondary School admitted to

(Attach copy of admission letter to public secondary school if available)

PART B: APPLICANTS FAMILY INFORMATION (PARENTS/GUARDIAN)

	FATHER OR GUARDIAN 1	MOTHER OR GUARDIAN 2
First Name		
Middle Name		
Last Name		
Date of Birth		
Alive or deceased (<i>If deceased attach copy of death certificate</i>)		
Married/divorced/widowed/single parent		
National ID (<i>Attach copy</i>)		
Permanent Home Address		
Name of employer and address		
Income details (<i>attach pay slip</i>)		
Any other source of income including business and casual labour		
Type of house living in. Is house owned, rented or employer owned		
Telephone contact		
Email Address:		
Signature		

OTHER DEPENDANTS/SIBLING INFORMATION:

List all brothers and sisters and what they are currently engaged in. (If working, describe job and monthly salary/wages and if in school or colleges, names of institutions and form/year or class. If any of the brothers or sisters is married-give occupation of their spouses.

	Name	Gender	Age	School/Employer	Class/Position in Employment
1					
2					
3					
4					
5					
6					
7					
8					

PART C: APPLICANTS EVIDENCE OF NEED

Please provide an explanation why the family and relatives cannot afford to pay the applicants school fees. (To be filled by the Applicant/parent or legal guardian)

Name and Signature of

Applicant_____

ID details_____ Relation to Applicant

_____ Mobile/Telephone
contact_____

D. RECOMMENDATIONS /REFERENCES

i) Confirmation and recommendation by the primary school head teacher

I confirm that_____ was a pupil in my
school, scored _____ marks in KCPE and has been admitted to (name of
secondary school) _____

as supported by attached form.

I recommend that this pupil be supported by the Imarika Foundation on the following
grounds: -

Family circumstances: -

Academic performances: -

Personality/Conduct

Head teachers Name:

Signature and school stamp:

Mobile telephone: _____ ID No. _____

ii) Recommendation by a local leader (Chief or Assistant Chief)

I have read the information provided in this form and believe it to be truthful based on my knowledge of the family and/or inquiries I have made. I therefore make the following recommendation regarding the family circumstances and conduct of this applicant.

Name: _____

Signature and stamp:

_____ Date _____

Position _____ ID No. _____

Mobile telephone: _____

iii) Recommendation by a spiritual leader (Priest, Pastor, Imam etc)

I have read the information provided in this form and believe it to be truthful based on my knowledge of the family and/or inquiries I have made. I therefore make the following recommendation regarding the family circumstances and conduct of this applicant.

Name: _____

Signature and

stamp: _____ Date _____ Position _____

_____ ID No. _____

Mobile telephone: _____

E: APPROVAL (FOR OFFICIAL USE BY IMARIKA FOUNDATION SECRETARIAT)

<u>Recommendation by panelist:</u>	<u>Summary of Key considerations</u>
Amount Approved: - _____ Cheque No. _____	
Panelist 1 Name & Signature:	
Panelist 2 Name & Signature:	
Panelist 3 Name & Signature:	
The beneficiary is assigned to the branch and mentor as indicated	Branch: Mentor: