

# Application Form

The Family Group Foundation Program

2022

## Applicant's Personal Information

Today's Date	Your Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	County of Residence
First Name	Middle Name	Surname
Date Of Birth	Birth Certificate No.	County of Birth
Primary School Attended	Primary School Index Number	KCPE Performance (Marks)
Primary School Sponsor		

## Applicant's Family Information

Father's First Name	Father's Middle Name	Father's Surname
ID Number	Contact/Telephone Number	Nationality
Source Of Income	Average Income Per Month	

If father is deceased, please attach certified copy of Death Certificate.

Mother's First Name	Mother's Middle Name	Mother's Surname
ID Number	Contact/Telephone Number	Nationality
Source Of Income	Average Income Per Month	

If mother is deceased, please attach certified copy of Death Certificate.

## If your parents are not your primary guardians, please complete the table below:

DESCRIPTION	GUARDIAN 1	GUARDIAN 2
First & Last Name		
Relationship To Applicant		
ID Number		
Nationality		
Contact/Telephone Number		
Source Of Income		
Average Income Per Month		

Please provide details of your family in the details below.

NAME OF SIBLING	BIRTH CERTIFICATE NUMBER	I.D. NUMBER	LEVEL OF EDUCATION
1			
2			
3			
4			
5			
6			
7			
8			
9			

Please also indicate how many other dependents are living in the household and your relationship

## DECLARATION:

I confirm that:

- All the information provided herein is complete and the disclosures made are true.
- I am aware that giving false representation will lead to automatic disqualification at any point of the application and/or scholarship process.
- I authorise the Family Group Foundation and its representatives to obtain additional information concerning my educational and financial records as needed to complete this scholarship application.
- I agree to be bound by the Terms and Conditions under which this scholarship shall be extended to me.

Applicant's Name and Signature:

Parents' / Guardian's Name and Signature:

Primary School Headteacher Name and Signature:

## CHECKLIST

- Certified Copy of Original 2021 KCPE Results Slip
- Certified Copy of Applicant's Birth Certificate
- Certified Copy of Father's ID  Certified Copy of Mother's ID  Certified Copy of Guardian's ID
- Certified Copy of Death Certificate
- Certified letter from your local Chief and your current Primary School Headteacher

Drop completed Application Form at your nearest Family Bank Branch. APPLICATION DEADLINE: 8th April 2022

## HOW DID YOU FIND OUT ABOUT THE FAMILY GROUP SCHOLARSHIP PROGRAM?

- Facebook  Twitter  Family Group Foundation Website  Family Bank Branch  Word of Mouth
- Others (Specify) \_\_\_\_\_

In the space below, in 300-400 words, please state why you the applicant need a scholarship from the Family Group Foundation

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Sketch a directional map to your home from the nearest land mark.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

