



# KITENGELA INTERNATIONAL SCHOOLS GIRLS HIGH SCHOOL SCHOLARSHIP APPLICATION FORM

www.kisc.sc.ke customercaredesk@kisc.sc.ke

THIS APPLICATION IS FREE. There is NO fee to apply for this scholarship. DEADLINE: 6<sup>TH</sup> JANUARY, 2024

### **ELIGIBILITY CRITERIA**

- 1. Must be either:
  - a. A student who has sat for his/her KCPE exams and will be joining FORM 1 in 2024.
  - b. A <u>FORM 1</u> student who will be starting FORM 2 in 2024.
- 2. Student must either come from a poor family or be an orphan.
- 3. Must show proof of financial need.
- 4. Must demonstrate academic excellence: KCPE Score of 370/500 for pupils from public schools and 400/500 marks for those from private schools or FORM 1 average score of a A- and above.
- 5. Must have a reference letter from the Head teacher of the current primary or high school.
- 6. All supporting documents must be emailed to us as attachments before the application deadline: <u>6<sup>TH</sup> JANUARY, 2024</u>.

#### \* Required Section

**1.** This application has 6 parts and may take 1 - 2 hours to complete. If applying ONLINE, please have answers to all the sections ready before beginning.

Tick yes if you have reviewed the eligibility criteria and you still want to continue with the application.

YES \* \_\_\_\_\_



Please ask your parent or guardian to help you fill out the application except for PART 2: PERSONAL STATEMENT. Please write these essays yourself.

### **PART I: APPLICANT INFORMATION**

Please supply your personal and contact information in this section. **\* Required Section** 

2. FIRST NAME *	LAST NAME *	
3. Age *		
4. Date of Birth * Example: D		
5. Parent or Guardian Conta		
FIRST NAME *	LAST NAME *	
Telephone Number *		
Email Address (optional)		_
6. Address (Postal Box and P	hysical Address)*	
7. City *	_County *	
8. Current primary or high s	chool information	
NAME*		
Address *		
City/County *		

9. Class 8: KCPE Exam Results \*

Please attach a copy of your Class eight report cards or mock exam results if applying before the KCPE results are out, make sure to send us the KCPE results as soon as they are out.



#### **10. Primary School Teacher Referee:**

Please provide the name and contact information of the teacher you have asked to write you a letter of reference. Please note that a signed letter from this teacher should be sent as an email attachment before the application deadline.

FIRST NAME \* \_\_\_\_\_LAST NAME\* \_\_\_\_\_

Phone Number \*

11. Please list any scholarships or awards that you have received. \*

### PART 2: PERSONAL STATEMENT

#### \* Required Section

Please write these essays yourself.

In this section we want to learn more about you. Please write in full grammatically correct sentences.

#### 12. Please describe how the scholarship will help you if you get it. (250 words minimum)

\* You don't need to list the amount of money, just how you feel about the scholarship and examples of how it will be beneficial to you.

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<ul><li>13. What challenges or obstacles have you faced in the past and how did you overcome them?</li><li>(250 words minimum) *</li></ul>		



14. What do you want to do when you grow up and why? (100 words minimum) \*

# PART 3: FAMILY BACKGROUND

\* **Required Section** 15. Mother

FIRST NAME \* LAST NAME \*

16. Father

FIRST NAME \* \_\_\_\_\_ LAST NAME \* \_\_\_\_\_

#### 17. Are both parents alive? \*

Please attach a death(s) certificate if your response is No respond with "Not Applicable" for the rest of the questions pertaining to either or both parents. *Check only one.* 

Yes

No\_\_\_\_\_please explain: \_\_\_\_\_

18. What is your mother's occupation? \*

19. What is your Father's occupation? \*



#### **20. Sibling Information \***

Please list any siblings that you have, their occupation or where they go to school.

21. Guardian

Please type N/A if these questions do not apply to you.

FIRST NAME \* \_\_\_\_\_LAST NAME \* \_\_\_\_\_

National ID Number\* \_\_\_\_\_

22. Relationship \*

How are you related to your guardian? Is he/she your sibling, aunt, uncle, etc.?

23. What is your guardian's occupation? \*

24. If your parents are alive, please explain why you are living with a guardian. \*

### PART 4: FINANCIAL NEED

#### \* Required Section

Please provide the name and contact information of the person (local government official such as a chief, or a church elder, etc.) that can confirm your need for financial assistance. Please ask them to write you a letter. The letter should be signed and stamped letter and sent as an email attachment before the application deadline.

25. FIRST NAME \*\_\_\_\_\_ LAST NAME \* \_\_\_\_\_

26. Phone number and/or email \*\_\_\_\_\_



# PART 5: ATTACHMENTS

#### \* Required Section

Please attach and email all required documents to <u>customercaredesk@kisc.sc.ke.</u> Your application will not be considered if the documents are not received by **the** 

#### deadline: <u>6</u><sup>TH</sup> JANUARY, 2024.

#### 27. List of Required Documents

- \* *Check all that apply to you.* Copy of KCPE result slip
- Copies of Form One report cards for all 3 terms if you attended Form One in 2018

\_\_\_\_\_ Reference letter from your primary or secondary school teachers

- \_\_\_\_\_ Letter confirming financial need
- \_\_\_\_\_ Copy of death certificate(s) if applicable

# **PART 6: DECLARATIONS**

#### \* Required Section

#### 28. How did you learn about KISC Education scholarship?

\* Check one.

Friends: \_\_\_\_\_ Family: \_\_\_\_\_ School/Teacher: \_\_\_\_ Facebook: \_\_\_\_\_ Whatsapp: \_\_\_\_\_

Internet search: \_\_\_\_\_Other (*please explain*): \_\_\_\_\_

**29.** This application is free. Did you or your parent/guardian PAY anyone for this application or for help with the application process? \* *Check only one.* 

NO \*

YES \*\_\_\_\_\_, please provide the person's contact information below.

Name *Ph	hone Number *
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I declare that the information given above is true to the best of my knowledge and I am aware that giving false or incomplete information will lead to an automatic disqualification.

30. Name *	Signature *
	Parent or guardian on behalf of student applicant

Today's Date \*\_\_\_\_\_

Print, fill out, scan and send to <u>customercaredesk@kisc.sc.ke</u>-before 6<sup>TH</sup> JANUARY, 2024.