



Kenya National Highways Authority

Quality Highways, Better Connections

Barabara Plaza, Jomo Kenyatta International Airport (JKIA), Nairobi, Off Mazao Road (Opposite KCAA Headquarters), P.O Box 49712 - 00100 Nairobi
Tel 020 - 4954000 / 0700 423 606 Email dg@kenha.co.ke / Website www.kenha.co.ke

SCHOLARSHIP APPLICATION FORM

TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING OF UNEMPLOYED YOUTH

REGIONAL MOMBASA PORT ACCESS ROAD PROJECT: MOMBASA-MARIAKANI (A8) HIGHWAY PROJECT LOT 2: KWA JOMVU - MARIAKANI SECTION

OBJECTIVE OF THE TRAINING

The objective of the program is to support capacity development process during the subject road project period that will assist the unemployed youth enhance their skills to secure gainful work thereafter. The program is also aimed at building the economic capabilities of the youth through self-development and improvement of skills to enhance the country's technical skills among the youth.

ELIGIBILITY FOR THE MAIN APPLICANT

- a) Kenyan citizen or Kenyan permanent resident.
- b) Must be aged between 18 and 35 years old;
- c) Must have at least KCPE Certificate with no formal training at Diploma level or above;
- d) Must be able to read and write;
- e) Must be a resident of any of the following Sub – Counties; Jomvu, Kinango, Kaloleni and Rabai that are along the Kwa Jomvu – Mariakani road project.

APPLICANTS MUST PROVIDE:

- Copy of National ID/Passport;
- Completed application form;
- Certified copies of Kenya Certificate of Primary Education/ Kenya Certificate of Secondary Education (Certification to be done by the School);
- Certified copies of School leaving Certificate (Certification to be done by the School);
- Demonstrated financial need(Attach Letter from Area Chief/Local Religious Leader)

PART A: APPLICANT'S PERSONAL DETAILS

| | | | | | | | | | |
|---|---|---|--|---------|-----------|---|----------------|--|--------|
| Passport Photo | | | | | | | | | |
| Surname | | | First name | | | | Middle name | | |
| | | | | | | | | | |
| Note: names above should be as per KCPE Enrollment. | | | | | | | | | |
| Email | | | | | | | | | |
| Telephone no | | | | | | | | | |
| ID number | | | | | | | | | |
| Box number | | | Postal Code | | | | Town | | |
| | | | | | | | | | |
| Gender | | | Date of Birth (attach copy of birth certificate) | | | | Marital Status | | |
| M | F | D | D | M | M | Y | Y | | |
| | | | | | | | | | |
| Place of Residence | | | | | | | | | |
| County | | | Constituency | | | | Sub County | | |
| | | | | | | | | | |
| Division | | | Location | | | | Sub Location | | |
| | | | | | | | | | |
| Highest Education Level | | | None | Primary | Secondary | | Diploma | | Degree |
| | | | | | | | | | |

| Education Level | Academic Performance (Marks/Grade) | Year of Exam |
|--|------------------------------------|--------------|
| Primary School (Attach Result Slip & School Leaving Certificate Certified By School) | | |
| Secondary(Attach Result Slip & School Leaving Certificate Certified By School) | | |

| Do you have any special needs (Tick Appropriately) | Yes | | no | |
|--|-----|--|----|--|
| Visually Challenged (Provide Evidence)(Attachment) | | | | |
| Physically Challenged(Provide Evidence) (Attachment) | | | | |
| Hearing(Provide Evidence) (Attachment) | | | | |
| Other (Specify) (Provide Evidence) (Attachment) | | | | |

| Course(s) you are applying for | | |
|--------------------------------|-------------|--|
| Option 1 | Institution | |
| | Course | |
| Option 2 | Institution | |
| | Course | |

PART B: PARENTS' DETAILS

| | | | | |
|-------------------------|--------|---------|----------|---------|
| Parents' Marital Status | Single | Married | Divorced | Widowed |
|-------------------------|--------|---------|----------|---------|

| FATHER | | | MOTHER | | |
|--|-----|-----|--|-----|----|
| a) Is your Father alive? | Yes | no. | a) Is your Mother alive? | Yes | No |
| b) If yes give his age; | | | b) If yes give her age; | | |
| c) name: _____ | | | c) name: _____ | | |
| d) ID no. _____ | | | d) ID no. _____ | | |
| e) Occupation: _____ | | | e) Occupation: _____ | | |
| f) Phone number | | | f) Phone number | | |
| g) Name and address of employer(s) | | | g) Name and address of employer(s) | | |
| h) If retired give name(s) and address of last employer(s); _____ | | | h) If retired give name(s) and address of last employer(s); _____ | | |
| Year of retirement: _____ | | | Year of retirement: _____ | | |
| Employer's Telephone no: | | | Employer's Telephone no: | | |
| | | | | | |

| Guardian Details (If Applicable) | |
|----------------------------------|--|
| Guardian's name | |
| Guardian's Phone number | |
| Guardian's Email Address | |
| Guardian's Postal Address | |

PART C: INFORMATION ABOUT FINANCIAL STATUS

a. Approximate current gross family income per month.

| Item | Father | Mother | Total |
|---|--------|--------|-------|
| Gross income from employment (Salary or Pension) | | | |
| Income from Business e.g. Shop, Hotel, Matatu. | | | |
| Income from farming e.g. Crops, Livestock, Fishing. | | | |
| Income from other sources e.g. Shares, Dividends, Interest | | | |
| Income from Harambee and Donations. | | | |
| Others e.g.CDF, HELB, nGO | | | |
| TOTAL | | | |

(b) Applicant's Siblings in Educational Institution (*Please include documentary evidence*)

| Child's name | Institution name | Year of Study | Expected Education Expenditures |
|--------------|------------------|---------------|---------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 6. | | | |
| TOTAL | | | |

(c) number and age of siblings not in school _____

Are you a beneficiary of the previous training by Kenya national Highways Authority under the Mombasa – Mariakani Lot 1 Highway Project/ Multinational Bagamoyo –Horohoro/ Lungalunga – Malindi Road Project?

Yes

No

If yes, please specify

| S/n | name of Institution | Course | Grade/Level | Grade Achieved |
|-----|---------------------|--------|-------------|----------------|
| 1 | | | | |

TERMS AND CONDITIONS

1. KeNHA reserves the right to withdraw, at any time and from time to time, any scholarship awarded to a holder who does not attain the required pass mark in the various assessments conducted by the respective training institution.
2. A candidate in respect to whom a scholarship is withdrawn will not be eligible for the re-award of a scholarship.
3. Scholarship once awarded, unless withdrawn, will be tenable in respect to any student for the duration of the course only.
4. A scholarship awarded to an applicant is not transferable to any other candidate whatsoever.
5. Any applicant who gives false information or submits fake documents in support of the request for a scholarship shall be liable to disqualification and prosecution.

Note :

- All spaces in this form should be filled, otherwise the application will not be considered.
- All forms to be received on or before **Friday 28th March 2025**
- Certified copies, by the school, of KCPE or KCSE certificates **MUST** be attached.
- Only shortlisted candidates will be contacted.
- Attach letter from Area Chief or Local Religious Leader demonstrating your financial need against the information about financial status.

ATTACHMENTS

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| i) KCPE/KCSE Certificate | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii) School Leaving Certificate | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii) Recommendation letter from Chief/Local Religious Leader | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv) Copy of National ID/Passport | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Name of Area Chief/Religious Leader _____

Phone Number _____

APPLICANT CERTIFICATION

I hereby certify that all the information I have provided on this form and all supplementary forms is true, correct, and complete. I hereby authorize KeNHA or its representatives to obtain such additional information concerning my educational programme and financial records needed to complete processing of this application. It is also my understanding that KeNHA, may, as it seems appropriate, release to others who may be considering me for financial assistance or making decisions relating to my educational plans, information concerning the amount of any award I may receive. Any falsified information may lead to disqualification.

Applicant signature: _____ Date: _____

LOCAL ADMINISTRATION CERTIFICATION

I certify that the above applicant is a resident of _____ Sub-location/Location within _____ Sub-County.

ACC/Area Chief's Stamp and Signature: _____ Date: _____

FOR OFFICIAL USE ONLY (To be filled upon submission of the duly-filled form at the KeNHA Coast Regional Offices, or at the Jomvu Sub-County Offices, Kinango Sub-County Offices, Kaloleni Sub-County Offices and Rabai Sub-County Offices)

Date Received _____ Receiving officer _____ Signature _____

[FOR AND ON BEHALF OF KENYA NATIONAL HIGHWAYS AUTHORITY]

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| Note: The filling of this application form does not guarantee that the applicant will receive sponsorship. |
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