

GALANA ENERGIES FOUNDATION

SCHOLARSHIP APPLICATION FORM

INSTRUCTIONS/GUIDELINES

1. The information provided in this form is intended to assist the Galana Energies Foundation Scholarship Selection Board understand the applicant's academic and financial background for the purpose of assessment for the scholarship award.
2. This application form must be filled accurately and completely. Any incomplete or inaccurately filled forms render the applicant illegible for scholarship.
3. If called for the interview, the applicant must bring the following original documents together with this application form: -
 - a. An original and copy of the 2025 KJSEA Certificate or Result slip.
 - b. An original and copy of the Senior Secondary School admission letter.
 - c. A passport size photograph attached to this application form.
 - d. An original and copy of the birth certificate.

Galana Energies Foundation will not retain any original documents.
4. Copies of all documents required must be provided by the applicant. Any applications without the relevant documents will be rejected.
5. Canvassing will lead to automatic disqualification.
6. Any false statements, omissions or forged documents will lead to automatic disqualification.
7. Galana Energies Foundation reserves the right to make the final determination of scholarship beneficiaries. The completion and submission of this form is not a guarantee for sponsorship.

ELIGIBILITY OF THE APPLICANT

1. Should have been admitted to a senior secondary school
2. Should be from a very needy home or family.
3. Should be willing to participate in an interview.
4. Should have sat for their KJSEA in 2025.
5. Should have attained Exceeding Expectations (Levels 7-8) in their 2025 KJSEA

SUBMISSION

1. Email your completed form to: **info@galanafoundation.com** or
2. Submit it at any Galana Energies Service Station nationwide

PART A:

**ATTACH THE
APPLICANT'S
PHOTO HERE**

PART B:**APPLICANT'S PERSONAL DETAILS****PERSONAL DATA**

Full name of applicant: _____

Gender: ☐ Male

☐ Female

Date of birth

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*(Attach copy of birth certificate)

Mobile No.

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Alternative Mobile

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Physical Address: County _____ Sub-County: _____

Ward: _____ Location: _____ Sub-Location: _____

Family status (Both parents/ Single parent/ Orphan): _____

ACADEMIC INFORMATION

Name of Junior School Attended _____

P.O. Box:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Town/City:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postal Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Tel No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Alternative Tel Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Physical Address: County _____ Sub-County: _____

Ward: _____ Location: _____ Sub-Location: _____

KJSEA Assessment No. UPI No. *'Attach a copy of the result slip and bring the original to the interview.'***KJSEA Achievement**

Achievement Category	EE ₁	EE ₂	ME ₁	ME ₂	AE ₁	AE ₂	BE ₁	BE ₂
Achievement Level	8	7	6	5	4	3	2	1

*(Tick appropriate)***Pathway Selected:**STEM ☐Social Science ☐Arts & Sports ☐

Senior Secondary school admitted to _____

Attach a copy of the admission letter to a senior secondary school and bring the original to the interview.*PART C:****APPLICANT'S FAMILY INFORMATION****PARENT'S INFORMATION**

Father's Full Name: _____

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.

Occupation: _____

Mother's Full Name: _____

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.

Occupation: _____

GUARDIAN INFORMATION (If not living with the parents)

ID No. Relationship with the applicant _____

Physical Address: _____ County _____ Sub-County: _____

Ward: _____ Location: _____ Sub-Location: _____

Postal Address: P.O. Box: Town/City:

Postal Code: Telephone/Mobile No.

Occupation: _____

DETAILS OF FAMILY CIRCUMSTANCES

	Father		Mother		Guardian	
Name						
Age						
	Yes (tick)	No (tick)	Yes (tick)	No (tick)	Yes (tick)	No (tick)
Do any of your parents have any form of disability?						
Are you living with both parents?						
Do your parents or guardians own land/plot?						
Do your parents/guardians have any other assets or sources of income including casual labor?						

SIBLING INFORMATION

List all your brothers and sisters starting with the oldest and state what each is doing: -

	Name	Age	High School Attended	Occupation
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

SKETCH A DIRECTIONAL MAP TO THE HOME FROM THE NEAREST LANDMARK

PART D:**APPLICANT'S EVIDENCE OF NEED****Section 1**

Who do you live with? ☐ Parent ☐ Guardian ☐ Other(Specify) _____

Indicator	Description
Why are you applying for a scholarship	
Have you received any financial support or bursaries in the past? Please provide details.	

To be completed by parent or guardian:

Briefly explain below why the family cannot afford to pay the applicant's school fees: -

Name _____

Relation to the applicant: _____

Signature: _____ Date: _____

ID No. _____ Mobile No. _____

Section 2

Recommendations.

Confirmation and recommendation by Junior School Principal

I confirm that _____ (Name of pupil) was a pupil in my school. I also confirm that he/ she has now been admitted into senior secondary school and obtained the marks as indicated on this form.

I recommend that this pupil be supported by Galana Energies Foundation on the following grounds:

Family Circumstances _____

Leadership potential _____

Character/ Conduct _____

Principal's Signature _____ School Stamp

Principal's Name _____

Date _____

ID No _____ Mobile No: _____

TSC No _____

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 make the following recommendation regarding the needy circumstances and conduct of this applicant.

Signature _____ Position _____

Name _____ Date _____

ID No _____

Mobile No: _____

Organization _____

Stamp:

Recommendation by a local leader (Chief or Sub-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 make the following recommendation regarding the needy circumstances and conduct of the applicant:.

Please include a brief summary of your recommendation.

Signature _____ Position _____

Name _____ Date _____

ID No _____

Mobile No: _____

Stamp:

Part E:**How did you first learn about the scholarship program**

- ☐ A Galana Energies Service Station
- ☐ School-Teacher, Principal, Counselor
- ☐ Religious institutions; Church, Mosque, Synagogue
- ☐ Parents, Guardians or Relatives
- ☐ Website
- ☐ Others (Specify) _____

PART F:**APPLICANT'S DECLARATIONS**

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 my application will not be considered and will lead to automatic disqualification. I authorize Galana Energies Foundation or its Representatives to obtain such additional information concerning my educational program and financial records as needed to complete this scholarship application. I also authorize Galana Energies Foundation and its representatives to communicate and release information to others who are involved in making decisions relating to my educational plans including and not limited to my previous and future schools, referees named in this form and the Ministry of Education. In the event I win the Scholarship, I commit myself to perform at my optimal best through my secondary school course.

Signature _____ Date _____

PARENT'S/GUARDIAN'S DECLARATION

I, _____ confirm that the information provided is true to the best of my knowledge and I am aware that giving false representation will mean that my application will not be considered and will lead to automatic disqualification. On behalf of my child, I authorize Galana Energies Foundation or its Representatives to obtain such additional information concerning this applicant's education and financial records as needed to complete this scholarship application. I also authorize Galana Energies Foundation and its representatives to communicate and release information to others who are involved in making decisions relating to the applicant's educational plans including and not limited to their previous and future schools, referees named in this form and the Ministry of Education.

Signature _____ Date _____

**If you wish to provide additional information, please attach a separate piece of paper*

CONTACTS

For any questions or grievances regarding the application process of the Galana Energies Foundation scholarship 2026, please contact;

Tel: +254-20-4934000 / 0709497000

Email: info@galanafoundation.com

APPROVAL NOTES (For official use by Galana Energies Foundation only)