

## Scholarship Application Form - 2021

- The information provided in this form is intended to help the Rise to Shine Education Foundation
  Scholarship Selection Committee understand the applicant's academic and financial position for the
  purpose of assessment for scholarship award.
- Please take care to provide complete form and attachments, as Incomplete or inaccurately filled forms will not be considered. Essays must be written. Follow directions on the form carefully.
- Applications filled out by anyone other than the requesting student will not be considered
- Filling this form does not guarantee scholarship award.

PERSUNAL DATA			
Full Name of Applicant:			
First/Baptismal:		Middle:	_ Surname/ Family Name:
Gender:	1	Date of Birth:	
Postal Address: P.O. Bo Postal Code:	x:	Tow <mark>n/City:</mark>	
Tel/Mobile No:		Alternative Mob <mark>ile:</mark>	Neighbor's Mobile:
Physical Address: <b>(Put</b> i	in information wl	here your perman <mark>ent h</mark> ome is)	
County:		S <mark>ub-Cou</mark> nty:	Ward:
Location: Village:		S <mark>ub-loca</mark> tion:	
ACADEMIC INFORMA	TION		
Name of Primary Schoo	ol Attended:		
Physical Address: Coun	ty:	Su	b-County:
Ward:	Location:	Sub-Loca	ation:

KCPE Index No: KCPE Marks:

(Attach a copy of your results' slip or one provided by the Head Teacher of your former school with his/her certification.)

Year sat for KCPE: years? Yes/No	Have you attempte	ed KCPE in previous
	why?	
ii yes, now many miles and v	wily:	
Please indicate the KCPE sc	ores attained fo <mark>r previo</mark> us	s years:
STUDENT ESSAYS:		
The student applicant must p		
	ool? What subjects most l	
	ar activities (music, sport ave in school, or in comm	
4. What career do you		unity teader ship:
		school? In the community? With NGOs or
organiz <mark>ations?</mark>		The second second second
6. What awards have y	ou received be in in scho	ol or in the community?
PART B: APPLICANT'S F	AMILY & PARENTS' II	NFORMATION
Father's Full Name:		
First Name:	Middle Name:	Surname:
ID No.: Certificate]	Living/Deceased	[If deceased, attach copy of Death/Burial
Physical Address: County:		Subcounty:
Ward:	_Location:	Sub-Location:
Tel/Mobile No.:		
Source of Income:		
Mother's Full Name:		
First Name:	Middle Name:	Surname:
ID No.:	Living/Deceased	[If deceased, attach copy of Death/Burial
Certificate]	9,	į, assaus, assaus, asp,
Physical Address: County:		Subcounty:
Ward:	_Location:	Sub-Location:
Tel/Mobile No.:		
Source of Income:	1 11	
Who do you stay with? Parer	its/Guardian? <b>Clearly wri</b>	te their full names, and explain the circumstances

where you stay.\_\_\_\_\_

Guardian's Full Name:			
First Name:	Middle Name:	Surname:	
ID No.:			
Physical Address: County:		Subcounty:	
Ward:	Location:	Sub-Location:	
Tel/Mobile No.:			
Source of Income:			
•		rite their full names, and explain the circ	
_			
three months' pay slips.	ns employed? Give details	of all jobs and total salary per month: <b>At</b>	tach latest
		e & show average monthly income: <b>Atta</b>	
Reason for Scholarship ap	oplication (fully explain all	y <mark>our circu</mark> mstances):	

Explain any other scholarships or final	ncial aid you currently receive or which you apply for:

## SIBLING INFORMATION

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

(If working, describe job and monthly salary. If in university, state it; If in school, state the form or class; If in training describe it; If a sister is married, show the occupation of the husband. If a brother is married show, the occupation of the wife.)

	Name	Age	School/Employer	Class/Position in Employment
1			All F	
2				
3				
4				
5				
6			4 4 4	
7				
8				
9				
10				
11				
12				

## PART C: SIGNATURE & CERTIFICATION:

Please follow the instructions below, and attach all documentation to this application so it is complete. We all certify that the information included is true and accurate to the best of my knowledge. We understand that false statements will disqualify us. We understand submitting this form does not guarantee that the request will be approved. Applicant & parents/guardians give permission to teachers, school, community leaders and others to freely give information.

Applicant (student) Signature:	_Date:
Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date:

## Instructions:

- 1. Please complete the entire form. And attach all these documents:
  - a. Photos of the applicant (student) and family attached on the form
  - b. KCPE results slip, certified by your head teacher,
  - c. Certificates of any death or burial of a parent or guardian,
  - d. Latest three months' payslips for all parents and guardians,
  - e. Bank or Income Statement of all parents and guardians, showing all business or other income.
  - f. Student essays (see above), and
  - g. Include a letter from your local community leader, and at least one teacher or headmaster. These must clearly verify the child's school status and the family's status. These letters **must** be certified.

Please send the filled-up form on or before 17<sup>th</sup> MAY,2021 or it is too late to be considered for a scholarship. Scan and sent it to applications@rtsef.org

If you have any questions about the form or process, please reach out to the Foundation for assistance via +254703723843.

Thank you for participating in this wonderful program to educate the bright needy children of Kenya!

Changing lives by Educating One at a time