

STATE DEPARTMENT FOR BASIC EDUCATION
ELIMU SCHOLARSHIP PROGRAMME

FORM A: APPLICATION FORM (2024)

DATA PROTECTION OVERVIEW

The data protection policy of The Jomo Kenyatta Foundation (JKF) ensures compliance with the Data Protection Act, 2019 and focuses on several key objectives. These objectives provide clarity regarding the processing of personal data and adhering to data protection laws.

With your consent, we will collect necessary and relevant personal data.

Collection of Personal Data

JKF will collect the following information through application forms provided:

- Names, addresses, phone numbers and e-mail addresses.
- Date of birth, gender, health status and other relevant demographic details.
- Education background, grades and other academic records.
- Data related to participation in the Elimu Scholarship Programme, including attendance, performance, sibling information and referrals.

Use of Personal Data

JKF uses your personal data for the following purposes:

- Determine the successful applicants as per the selection criteria.
- To reach out to parents, guardians and students on relevant information, events and changes.
- To gather information for monitoring and evaluation purposes.
- To comply with legal and regulatory requirements.
- Sensitive Personal Data collected will be used for selection and administration of the programme, which includes shortlisting, interviewing and home visits.

Information Sharing

We may obtain and/or share personal information:

- JKF may obtain additional information concerning the applicant's education, parents and siblings financial records as and when needed to complete the selection process.
- JKF may communicate and release information to others who are involved in making decisions relating to the applicant's education.
- JKF may share personal information with the donors, medical service providers, counsellors and mentors.

Data Security

JKF will implement its policy to protect personal information from accidental or unlawful destruction, loss, alteration, unauthorized disclosure and access.

Data Transfers & Cross-Border Transfers

JKF will from time to time need to transfer personal information to our donors who may be outside the country. This may be necessary for oversight purposes. JKF will take measures to safeguard your data and ensure compliance with the Data Protection Act, 2019.

Rights of Data Subject

You may exercise your right to be informed, access, rectify, erase, object and restrict processing of data by sending a request to: info@jkf.co.ke

CONSENT FROM THE PARENT(S) or GUARDIAN

I,, hereby provide my consent to JKF for processing of my personal data for the purposes described above.

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INSTRUCTIONS/GUIDELINES

- This form is given **FREE OF CHARGE** by the The Jomo Kenyatta Foundation.
- The information provided in this form is intended to help The Jomo Kenyatta Foundation Scholarship Advisory Committee understand the applicant's academic and financial position for the purpose of assessment for scholarship award.
- This application form must be filled in accurately and completely in **CAPITAL LETTERS**.
- On being called for an interview, the applicant must bring the originals of all documents attached.
- All incomplete or inaccurately filled in forms will be automatically rejected.
- Copies of **ALL DOCUMENTS** required must be provided by the applicant. Any applications without relevant documents will be rejected.
- Canvassing will lead to automatic disqualification.
- The completion and submission of this form is not a guarantee for sponsorship.
- Any false statements, omissions or forged documents will lead to automatic disqualification.
- The Jomo Kenyatta Foundation reserves the right to make the final determination of scholarship beneficiaries.
- **Only 2023 KCPE** candidates will be considered.
- The filled in application form should be submitted to your **Sub-County Education Office**. The application can also be done online through the following link: <https://scholarship.jkf.co.ke>
- **Every part of this form must be filled in. Failure to do so makes this application form incomplete and therefore renders the applicant ineligible for the scholarship.**

PART A: APPLICANT'S PERSONAL DETAILS

PERSONAL DATA

Full Name of Applicant

First/Baptismal: _____ Middle: _____ Surname/FamilyName: _____

Gender: Male ☐ Female ☐ Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Postal Address: P.O. Box:

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 Town / City:

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 Postal Code:

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Tel / Mobile No.:

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 Alternative Mobile No.:

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Physical Address: County : _____ Sub-county: _____

Ward: _____ Location: _____ Sub-Location: _____

ACADEMIC INFORMATION

Name of Primary School Attended _____

Postal Address: P.O. Box:

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 Town/City:

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 Postal Code:

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Tel/ Mobile No.:

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 Alternative Mobile No.:

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Physical Address: County: _____ Sub-County: _____

Ward: _____ Location: _____ Sub-Location: _____

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KCPE Index No.:										KCPE Marks:			
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(Attach copy of result slip certified by your headteacher)

Year sat for KCPE: _____ Have you attempted KCPE in previous years? Yes ☐ No ☐

If yes, how many times and why? _____

Please indicate the KCPE scores attained for previous years: _____

Have you repeated any class (1-8) while in primary school? Yes ☐ No ☐ If yes, which one(s)? _____

PART B: APPLICANT'S FAMILY INFORMATION

PARENT'S INFORMATION

1. (a) Father's Full Name

First Name: _____ Middle Name: _____ Surname: _____

ID No.:									Living:		Deceased:		[If deceased, please attach copy of death / burial certificate]
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Physical Address: County: _____ Sub-County: _____

Ward: _____ Location: _____ Sub-Location: _____

Postal Address: P.O. Box:						Town / City:							Postal Code:					
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[illegible]

Source of Income: _____

(b) Not Applicable ☐

2. (a) Mother's Full Name

FirstName: _____ MiddleName: _____ Surname: _____

ID No.:								Living:	Deceased:	[If deceased, please attach copy of death / burial certificate]
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Physical Address: County: _____ Sub-county: _____

Ward: _____ Location: _____ Sub-Location: _____

Postal Address: P.O. Box:

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 Town / City:

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 Postal Code:

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[illegible]

Source of Income: _____

(b) Not Applicable ☐

Are your parents living together? Yes ☐ No ☐

GUARDIAN INFORMATION (If not living with your parents)

First Name: _____ Middle Name: _____ Surname: _____

ID No.:

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 Relationship with Student / Applicant: _____

Physical Address: County: _____ Sub-County: _____

Ward: _____ Location: _____ Sub-Location: _____

Postal Address: P.O. Box:

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 Town:

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 Postal Code:

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[illegible]

Source of Income: _____

SIBLING(S) INFORMATION

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

(If working, describe job and monthly salary; if in college or university, state; if in school, state the form or class; and if in training, describe it).

	Name	Age	School/Employer	Class/Position in employment	Monthly salary
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

PART C: APPLICANT'S EVIDENCE OF NEED

APPLICANT'S INFORMATION

Indicator	Description
Why are you applying for a scholarship?	
Have you received any financial support/bursaries in the past? If so, please provide details.	
Do you suffer from any physical impairment (disability) or any other form of disability? If yes, are you registered with the National Council for Persons with Disabilities? Attach certificate	
Do you suffer from any chronic illness? If yes, kindly describe and provide evidence.	
Are you entitled to any form of inheritance from your parents/guardians/any other source? Describe.	

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

PARENT / GUARDIAN INFORMATION

Indicator	Father / Male Guardian	Mother / Female Guardian	Other, specify:
Age of your parents/guardians?			
Does any of your parents have any form of disability? If yes, describe the disability.			
Does any of your parents/guardians suffer from a chronic disabling medical condition? If yes, describe.			
Are you living with both parents? If not, explain why.			
Are your parents / guardians employed? If yes, give details of job and salary per month. Attach Payslip			
Do your parents/guardians own a business? If yes, describe and show the average monthly income. Bank Statement			

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Do your parents/guardians own land/plot? State number of acres, type of crops grown, number of cows/sheep/goats/donkeys and income from such assets:	Land size: List crops: Annual income: List livestock: Annual income:
Do your parents/ guardians have any other assets or sources of income, including casual labour? If yes, indicate the approximate monthly income:	

FAMILY INFORMATION

Indicator	Description
Has your family been affected by civil conflict or natural disasters such as displacement, flooding, drought, fire or famine? If yes, describe:	
What type of house do you live in? Give description such as grass thatched, iron sheet, cemented, etc.:	
Please describe any other cause of disadvantage or vulnerability?	

(SKETCH A DIRECTIONAL MAP TO YOUR HOME FROM THE NEAREST LANDMARK)

Part D: How did you first learn about the Elimu Scholarship Programme?

(Please mark only one)

- ☐ School – teacher, principal or counselor (give name)
☐ Church, mosque or synagogue (specify name)
☐ Friends, parent, guardian or relative
☐ Internet (specify site)
☐ Radio or TV (specify)
☐ Newspaper or magazine (specify)
☐ Social networks such as Facebook, Twitter or WhatsApp (specify)
☐ Others (specify): _____

PART E: DECLARATIONS

APPLICANT'S DECLARATION

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 authorise The Jomo Kenyatta Foundation or its representatives to obtain such additional information concerning my educational programme and financial records as needed to complete this scholarship application. I also authorise The Jomo Kenyatta Foundation and its representatives to communicate and release information to others who are involved in making decisions relating to my educational plans including but not limited to my previous and future schools, referees named in this form and the Ministry of Education. In the event that I get the scholarship, I commit myself to working hard and posting excellent results throughout my secondary school course.

Signature: _____

Date:

D	D	M	M	Y	Y	Y	Y
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PARENT'S / GUARDIAN'S DECLARATION

I confirm that the above information is true to the best of my knowledge and I am aware that giving false representation will mean that the application will not be considered and will lead to automatic disqualification. On behalf of my child, I authorise The Jomo Kenyatta 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 authorise The Jomo Kenyatta Foundation and its representatives to communicate and release information to others who are involved in making decisions relating to this applicant's educational plans including but not limited to their previous and future schools, referees named in this form and the Ministry of Education.

Parent's/Guardian's Name: _____

Signature: _____

Date:

D	D	M	M	Y	Y	Y	Y
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If you wish to provide additional information, please attach a separate piece of paper.

PART F: RECOMMENDATIONS

This part must be completed by the relevant authorities indicated. Any false **information** will lead to disqualification.

1. Primary School Head Teacher

Please report on the above named applicant's performance, conduct, special interests and talents. Also explain why he / she should be considered for the Elimu Scholarship Programme under The Jomo Kenyatta Foundation

How long have you known the candidate / family? _____

Report on any special interests or talents the child may have e.g. Leadership, Sports, Arts, Music, etc: _____

Rate the candidate's financial ability: ☐ Very Rich ☐ Rich ☐ Middle Income ☐ Poor ☐ Very Poor

I have reviewed the information given in this form and believe it to be truthful. The above named student attended my school and based on my knowledge and / or inquiries, I affirm that he / she is needy /vulnerable. Please describe facts about his / her circumstances.

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Name: _____ Signature & Official Stamp: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Postal Address: P.O. Box:

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 Town / City:

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 Postal Code:

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Telephone No.:

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2. National Government Administration (Chief)

How long have you known the candidate / family? _____

Rate the candidates financial ability: ☐ Very Rich ☐ Rich ☐ Middle Income ☐ Poor ☐ Very Poor

	Yes	No
Orphaned		
Parents / Guardians are employed		
Any additional information, explain:		

I have reviewed the information given in this form and believe it to be truthful. The above named student is a resident of my Location / Sub-Location. Based on my knowledge and / or inquiries, I affirm that she / he is needy / vulnerable.

Name: _____ Signature & Official Stamp: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Postal Address: P.O. Box:

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 Town / City:

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 Postal Code:

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Telephone No:

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3. Religious Leader (Bishop, Pastor, Priest, Imam, etc.)

How long have you known the candidate / family? _____

Rate the candidate's financial ability: ☐ Very Rich ☐ Rich ☐ Middle Income ☐ Poor ☐ Very Needy

I have reviewed the information given in this form and believe it to be truthful. Based on my knowledge and/or inquiries, I affirm that this student is needy/vulnerable based on the following facts about his/her circumstances.

Name: _____ Signature & Official Stamp: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Postal Address: P.O. Box:

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 Town:

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 Postal Code:

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Telephone No.:

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NB: If a family is found to have misrepresented their circumstances, the scholarship will be terminated and they will be required to refund fees paid and other funds spent on them.