



## KENYA MARINE FISHERIES AND SOCIO-ECONOMIC DEVELOPMENT (KEMFSED) PROJECT SCHOLARSHIP PROGRAMME

FORM A: APPLICATION FORM (2022)

SCHOLARSHIP TYPE: SECONDARY SCHOOL.  TVET.  CERTIFICATE  DIPLOMA

Serial No. \_\_\_\_\_

### INSTRUCTIONS/GUIDELINES

- I. This form is given FREE OF CHARGE at participating Counties of Mombasa, Kilifi, Kwale, Lamu and Tana River
- II. The information provided in this form is intended to help the KEMFSED Educational Committee to assess the applicant's academic and financial position for the purpose of scholarship
- III. This application form must be filled accurately and completely in CAPITAL LETTERS
- IV. Applicants to attach copies of relevant certificates to the application
- V. Upon invitation for an interview, selected candidates will be required to present the original documents as listed in the note below
- VI. All incomplete or inaccurately filled forms will be automatically rejected
- VII. The application forms can be picked from the Ward Administrator's office and the duly filled forms dropped at the same place
- VIII. Applicants to fill where applicable.

### Notes on Required Documents:

- I. **Secondary/High School** –Certified KCPE result slip, admission letter, birth certificate/identification card
- II. **TVET** - birth certificate/passport/ID/driver's license, certificate of good conduct (may be required when one qualifies), school certificates(K.C.P.E/K.C.S.E), School living certificate, Admission letter
- III. **Diploma** - birth certificate/passport/ID/driver's license, certificate of good conduct (may be required when one qualifies), school certificates (K.C.P.E and K.C.S.E).

## PART A: APPLICANT'S PERSONAL DETAILS

Full Name of Applicant: --

First Name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Surname: \_\_\_\_\_

Gender

Male  Female

Date of Birth \_\_\_\_\_

Postal Address: P.O. BOX \_\_\_\_\_ Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel/Mobile No. \_\_\_\_\_ Alternate Mobile No. \_\_\_\_\_

Physical Address: County: \_\_\_\_\_ Sub-county: \_\_\_\_\_

Ward: \_\_\_\_\_ Location: \_\_\_\_\_ Sub-Location: \_\_\_\_\_

Village: \_\_\_\_\_



**ACADEMIC INFORMATION**

**1. Primary School:**

K.C.P.E Index No.											K.C.P.E Marks:				
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Year sat for KCPE: \_\_\_\_\_ Have you attempted KCPE in previous years? Yes  No

How many times have you attempted KCPE and why? \_\_\_\_\_

Name of primary school attended: \_\_\_\_\_

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

Tel/Mobile Number:  Alternative Mobile No:

**Physical address:** County: \_\_\_\_\_ Sub-County: \_\_\_\_\_

Ward: \_\_\_\_\_ Location: \_\_\_\_\_ Sub-Location: \_\_\_\_\_

Village: \_\_\_\_\_

**Continuing student in secondary school**

Admission number..... Year of admission..... Form.....

What is your average academic performance .....

Are you a beneficiary of any ongoing scholarship? Yes ( ) No ( )

Who has been funding your education in the past.....

Have you ever been sent away from school? Yes ( ) No ( )

If yes, provide reason for your absence

.....  
.....

**2. Secondary School:**

K.C.S.E Index No.											K.C.S.E Grade:			
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Year sat for KCSE: \_\_\_\_\_ Have you attempted KCSE in previous years? Yes  No

How many times have you attempted KCSE and why? \_\_\_\_\_

Name of Secondary school attended: \_\_\_\_\_



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

Tel/Mobile Number:  Alternative Mobile No:

**Physical address:**

County: \_\_\_\_\_ Sub-County: \_\_\_\_\_

Ward: Location Sub-Location: \_\_\_\_\_

Village: \_\_\_\_\_

**3. TVET/College/University:**

**New students/Scholars**

Name of TVET/College/University \_\_\_\_\_

Admission No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year admitted	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Course pursued/admitted for: \_\_\_\_\_

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

Tel/Mobile Number:  Alternative Mobile No:

**Physical address:** County: \_\_\_\_\_ Sub-County: \_\_\_\_\_

Ward: Location Sub-Location: \_\_\_\_\_

Village: \_\_\_\_\_

**Continuing students/scholars for TVET/College/University**

Admission number: .....Year of admission: .....

What is your average academic performance/marks .....

Are you a beneficiary of any ongoing scholarship? Yes ( ) No ( )

Who has been funding your education in the past.....

Have you ever been sent away from school? Yes ( ) No ( )

If yes, provide reason for your absence

.....  
 .....



## PART B: APPLICANT'S FAMILY INFORMATION

### 1. Parents' Information

#### i. Father's Details:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

ID No.: \_\_\_\_\_

Living	Deceased:	[If deceased please attach copy of death/burial certificate]

Physical Address: County: \_\_\_\_\_ Sub-County: \_\_\_\_\_

Ward: \_\_\_\_\_ Location: \_\_\_\_\_ Sub-location: \_\_\_\_\_

Village: \_\_\_\_\_

Postal Address:       Town:           Postal Code:

Tel/Mobile No:

#### ii. Mother's Details:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

ID No.

Living:	Deceased:	[If deceased please attach copy of death/burial certificate]

Physical Address: County: \_\_\_\_\_ Sub-County: \_\_\_\_\_

Ward: \_\_\_\_\_ Location: \_\_\_\_\_ Sub-Location: \_\_\_\_\_ Village: \_\_\_\_\_

Postal Address: P.O. Box       Town: \_\_\_\_\_ Postal Code:

Tel/Mobile Number:

BMU affiliated to: \_\_\_\_\_

Are your parents living together? Yes \_\_\_\_\_ No \_\_\_\_\_

Tribe/Ethnicity Community: \_\_\_\_\_

### 2. Guardian Information (If not living with the parents)

#### Guardian Details:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

ID No.

Relationship with student/applicant: \_\_\_\_\_



**Physical Address:** County: \_\_\_\_\_ Sub-County: \_\_\_\_\_ Ward: \_\_\_\_\_ Location: \_\_\_\_\_

Sub-Location: \_\_\_\_\_ Village: \_\_\_\_\_

**Postal Address:** P.O. BOX \_\_\_\_\_ Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel/Mobile Number: 

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Source of Income: \_\_\_\_\_

BMU affiliated to: \_\_\_\_\_

### 3. Sibling Information

List all your brothers and sisters starting with the oldest and describe their occupations?

#	Name	Age	School/Employer	Class/Position in employment	Sponsor
1.					
2.					
3.					
4.					
5.					
6.					

### 4. Vulnerability Details

Indicator	Description
Has your family been affected by civil conflict or natural disasters such as displacement, flooding, drought, fire or famine? Describe:	
Please describe any other cause of disadvantage or vulnerability?	

### PART C: APPLICANT'S MOTIVATION

Indicator	Description
Why are you applying for a scholarship?	



Have you received any financial support/bursaries in the past? Please provide details:	
Do you have any disability? If yes, kindly describe and provide evidence:	
Do you suffer from any chronic illnesses? If yes, kindly describe and provide evidence:	
Are you entitled to any form of inheritance from your Parents/Guardians/any other source? Describe:	

**PART D: How did you first learn about the KEMFSED Scholarship Programme?**

(Please mark only one)

- School–teacher, principal or counselor (list name)
- Church, mosque, synagogue (specify name)
- Friends, parent, guardian or relative
- PICD Process (specify location)
- Internet (specify site)
- Radio, TV(specify)
- Newspaper, magazine(specify)
- Social networks such as Facebook, Twitter, Myspace(specify)
- Others(specify):



## PART E: DECLARATION

### APPLICANT'S

I, \_\_\_\_\_ declare that the information given above is true to the best of my knowledge. I am aware that giving false representation will mean that my application will not be considered and will lead to automatic disqualification. I authorize KEMFSED or its representatives to obtain such additional information concerning my educational program and financial records as needed to complete this scholarship application.

Signature \_\_\_\_\_

Date

D	D	M	M	Y	Y	Y	Y
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### PARENT/GUARDIAN

I, \_\_\_\_\_ declare that the information given above is true to the best of my knowledge. I am aware that giving false representation will lead to automatic disqualification of my dependent. I commit to fulfil my obligations as a Parent/guardian and provide for the cost elements not covered under this scholarship. I authorize KEMFSED or its representatives to obtain such additional information concerning my dependent's educational program and financial records as needed to complete this scholarship application.

Signature \_\_\_\_\_

Date

D	D	M	M	Y	Y	Y	Y
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## Part F: RECOMMENDATIONS

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

Primary /secondary School Head Teacher/TVET/College/University Principal/Dean of Students:

Please report on the above-named applicant's performance, conduct, special interests and talents. Also explain why he/she should be considered for the *KEMFSED Scholarship Program*:

How long have you known the candidate/family? \_\_\_\_\_

My school has \_\_\_\_\_ pupils who sat for KCPE and in the most recent tests sat by the applicant before sitting for KCPE, this applicant's position was no. \_\_\_\_\_ Overall and attained \_\_\_\_\_ marks out of 500.

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



Comments from the Primary/Secondary School Head teacher, TVET/College Principal/University Dean

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.....  
.....

Name: \_\_\_\_\_ Signature & Official Stamp .....

Date: .....

Tel: .....

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

\_\_\_\_\_  
\_\_\_\_\_

Name

Signature/Official Stamp

Date

D	D	M	M	Y	Y	Y	Y
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Tel: \_\_\_\_\_