NATIONAL DEVELOPMENT FUND FOR PERSONS WITH DISABILITIES (NDFPWD)

# USTAWI SCHOLARSHIP APPLICATION FORM - PO/AP/2(a)

**HELLEN MCGOWAN SCHOLARSHIP PROGRAM - 2024**

**NOTE: SUBMISSION OF APPLICATION DOES NOT GUARANTEE SUPPORT**

SECTION A: PERSONAL DETAILS

1. NAME……………………………………………………………………………………………
2. SEX: MALE FEMALE INTERSEX
3. ETHNICITY…………………………………………………………………………………….
4. DATE OF BIRTH:(DD/MM/YY) ….……………………………………………………………
5. NATIONAL IDENTIFICATION NUMBER (ATTACH COPY).……………………………...
6. DISABILITY IDENTIFICATION NUMBER:(ATTACH A COPY) ………………………….
7. TYPE OF DISABILITY ...……………………………  CONGENITAL  ACQUIRED

(STATE YEAR ACQUIRED) ……………………….

1. PERMANENT COUNTY OF RESIDENCE… SUB-COUNTY

…….………….........LOCATION………………………………...…

TELEPHONE: …………………...…. EMAIL………………...…………………………….

1. NAME OF PARENT/GUARDIAN: ……………………………………………………………..

NATIONAL ID. NO: …………….……… RELATIONSHIP TO APPLICANT: ….………….

1. STATE IF YOU HAVE ANY SPECIAL COMMUNICATION NEED(S): TEXT

SIGN LANGUAGE BRAILLE

 LARGE PRINT

OTHER(SPECIFY)………………………………………………………………………

 SECTION B: EDUCATION ASSISTANCE REQUESTED (applicants are encouraged to seek admission from government schools)

1. NAME OF INSTITUTION……………………………………………...………………………….
2. POSTAL/PHYSICAL ADDRESS: ………………….………………………………………… TELEPHONE…………………………...EMAIL……………………………………………..... COUNTY……………………… SUB COUNTY: ……………………LOCATION………….
3. ARE YOU CURRENTLY ENROLLED? YES NO
4. CURRENT LEVEL BEING PURSUED

FORM 1 

FORM 2 

FORM 3 

FORM 4 

JSS GRADE7  JSS GRADE 8 

JSS GRADE 9  SSS GRADE7  SSS GRADE 8 

SSS GRADE 9 

1. STUDENT’S SCHOOL ADMISSION NO IF ANY.…………………...………………………….
2. STUDY TYPE: BOARDING  DAY SCHOLAR 
3. KCPE MARKS ATTAINED (ATTACH RESULT SLIP)
4. STATE TOTAL AMOUNT OF FEES REQUIRED FOR THE YEAR OF STUDY i.e. (ATTACH A COPY OF A CERTIFIED ANNUAL FEE STRUCTURE/CURRENT FEE STATEMENT FOR CONTINUING STUDENTS)

…………………………………………………………………………………………………………

1. HAVE YOU PREVIOUSLY RECEIVED EDUCATION ASSISTANCE/SPONSORSHIP/ BURSARY? YES NO

IF YES, STATE SOURCE: A) NDFPWD. YEAR RECEIVED………...AMOUNT………………

* 1. OTHER SOURCES (SPECIFY)………………….……YEAR RECEIVED……….….………

AMOUNT……….……...

 SECTION C: APPLICANT’S BACKGROUND INFORMATION

|  |  |
| --- | --- |
| **INDICATOR** | **DESCRIPTION** |
| **HEALTH** | DO YOU SUFFER FROM ANY CHRONIC ILLNESS OR CONDITION?.........................................IF YES PROVIDE EVIDENCE |
| **HOUSEHOLD INCOME** | WHAT IS THE SOURCE OF HOUSEHOLD INCOME?1. EMPLOYMENT
2. CASUAL
3. FARMING AND PASTORALISM
4. BUSINESS

STATE AVERAGE MONTHLY INCOME(KSHS)……………………….. |
| **HOUSING** | HOUSEHOLD DWELLING:* OWNER OCCUPIER (PERMANENT, SEMI PARMANENT)
* RENTED (PERMANENT, SEMI PARMANENT)
 |
| **HOUSEHOLD CHARACTERISTICS** | NO. OF HOUSEHOLD MEMBERS………………... HOUSEHOLD MEMBERS WITH DISABILITIES:……………………………………………………… (PROVIDE REGISTRATION NUMBERS)NO. OF SIBLINGS IN SCHOOL:1. PRIMARY SCHOOL ………………………………
2. SECONDARY SCHOOL………………………….
3. COLLEGE/ UNIVERSITY………………………. ARE YOUR PARENTS ALIVE, ……….…………... IF DECEASED (*PROVIDE DEATH CERTIFICATE/ BURIAL PERMIT)*

ONE PARENT ALIVEBOTH PARENTS DECEASEDARE YOUR PARENTSLIVING TOGETHER? YES NO |

 SECTION C: DECLARATION BY: PARENT/GURDIAN/STUDENT I HAVE ATTACHED THE FOLLOWING DOCUMENTS:

* + - COPY OF NATIONAL IDENTITY CARD (OR PARENT’S/GUARDIAN’S IF APPLICANT IS UNDER 18YRS.)
		- COPY OF DISABILITY IDENTIFICATION CARD
		- COPY OF LETTER OF ADMISSION
		- COPY OF CERTIFIED OFFICIAL FEES STRUCTURE CURRENT FEE STATEMENT FOR CONTINUING STUDENT
		- COPY OF KCPE FORMS (WHERE APPLICABLE)

I CERTIFY THAT THE INFORMATION PROVIDED IN

THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

SIGNATURE……………………………...DATE………………………………………………….

 SECTION D: FOR USE BY HEAD TEACHER/PRINCIPAL/BURSAR/CLASS TEACHER

INSTITUTIONNAME……………………………………………………………………………….. NAME OF OFFICER…………………………………......DESIGNATION …………………….... CONTACT (TELEPHONE NUMBER) ………………………………………

I HEREBY CERTIFY THAT THE HEREIN NAMED INSTITUTION IS REGISTERED AND IS A CERTIFIED PROVIDER OF THE COURSE FOR WHICH THE APPLICANT NAMED IN THIS FORM HAS APPLIED. THE APPLICANT IS ALSO DULY REGISTERED/ADMITTED IN THE INSTITUTION.

# ACCOUNT DETAILS

ACCOUNT NAME OF INSTITUTION…………………………………………………………….. ACCOUNT NUMBER…………………………………………………………………………….. NAME OF BANK…………………………………………. BRANCH…………….……………… SIGNATURE AND STAMP………………………………………… DATE……………………….…………...

SECTION E: FOR OFFICIAL USE – NCPWD COUNTY DISABILITY SERVICES OFFICER

I DO / DO NOT [TICK AS APPROPRIATE] RECOMMEND THE FOLLOWING INDIVIDUAL TO NDFPWD FOR SCHOLARSHIP SUPPORT. REASON FOR RECOMMENDATION/

REJECTION:

…………………………………………………………………………………………….…………..

………………………………………………………………………………………………………. I CONFIRM THAT ALL THE RELEVANT DOCUMENTS ARE ATTACHEDAND CORRECT

NAME OF OFFICER: ………………………………………………………………………………. COUNTY: …………………………… SIGNATURE AND STAMP: ……………………………

DATE SUBMITTED ON MIS/SOFT COPIES: ……………………………………………………

 SECTION F: FOR OFFICIAL USE – NCPWD HEADQUARTERS RECEIVED BY:

NAME OF OFFICER ………………………………………………… DESIGNATION……………………………………………………….. SIGNATURE AND STAMP…………………………………………. DATE APPROVED ON MIS: ……………………………………….. REFERENCE NO………...……………………………………………