

APPLICATION FORM



A BENEFCIARY DETAILS

Full Name:

Gender: ☐ Female ☐ Male ☐ Other Date of Birth:
D D M M Y Y Y Y

Phone Number: Email address:

National ID No:

Level of Education: ☐ Pre-primary ☐ Senior Secondary ☐ Undergraduate
☐ Primary ☐ Junior Secondary ☐ Post-graduate

Current School/Institution Name:

NEMIS Number:

Do you plan on switching schools/institutions? ☐ Yes ☐ No

If yes, indicate which one below

Current Grade/Year: Grade Year

County: Sub-county: Town:

Nearest Landmark to your house:

B PARENT/GUARDIAN INFORMATION

Full Name:

Relationship to the child:

Phone Number: Email Address:

Physical Address:

Occupation/Main Source of Income:

C HOUSEHOLD INFORMATION

Number of present
parents/guardians:

Number of
dependents/children:

Marital Status of
parent/guardian:

☐

Single

☐

Separated

☐

Divorced

☐

Married

☐

Widowed

☐

Other

Housing situation:

☐

Orphaned

☐

Child-headed Household

☐

Fostercare

☐

Parent with a disability

☐

Parent with a chronic
illness

☐

Displaced/Refugee

☐

Single parent
household

☐

Conflict/Disaster
affected

D DISABILITY INFORMATION

(This section is optional. Information will only be used to ensure fair and equal support. It will remain confidential. Tick where applicable)

Does the student have any disability or special need?

☐

Yes

☐

No

☐

Physical Disability - Limits movement
or use of body parts e.g paralysis,
amputation

☐

Hearing Disability - Partial hearing
loss or deafness

☐

Visual Disability - Partial sight or
blindness

☐

Intellectual / Developmental – Affects
learning and daily functioning (e.g.
Down syndrome, autism)

☐

Learning Specific challenges with
reading, writing or math

☐

Psychosocial / Mental Health –
Affects mood, behavior, or thinking

☐

Chronic Illness / Health-Related –
Long-term conditions that limit daily life

☐

Multiple Disabilities – Combination of
two or more disabilities

Other disability:

E MOTIVATION LETTER

Please tell us about yourself in your own words. You can share about your family and who you live with, what you enjoy learning or doing in school, and some of the challenges you face at home or in school. You can also explain why you would like help from the foundation and what you hope to become or do in the future. There are no right or wrong answers, we just want to hear your story.

[illegible]

F SUPPORTING DOCUMENTS

Please attach the following documents:

- *Report Card/Transcripts*
- *Admission letter (if you intend on joining a new school/institution),*
- *Letter from the school indicating the grade/year (current school),*
- *Fee structure*
- *Proof of PWD registration*

G CONSENT & DECLARATION

Parent/Guardian:

- ☐ I declare that the information provided is true to the best of my knowledge.
- ☐ I give consent for this information to be used only for program support and verification.

Signature of Parent/Guardian: _____ Date: _____