

APPLICATION FORM

A BENEFICIARY DETAILS

Full Name: [REDACTED]

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

Phone Number: [REDACTED]

Email address: [REDACTED]

National ID No: [REDACTED]

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

Current School/Institution Name: [REDACTED]

NEMIS Number: [REDACTED]

Do you plan on switching schools/institutions? Yes No

If yes, indicate which one below

Current Grade/Year: Grade [REDACTED] Year [REDACTED]

County: [REDACTED] **Sub-county:** [REDACTED] **Town:** [REDACTED]

Nearest Landmark to your house: [REDACTED]

B PARENT / GUARDIAN INFORMATION

Full Name: [REDACTED]

Relationship to the child: [REDACTED]

Phone Number: [REDACTED] **Email Address:** [REDACTED]

Physical Address: [REDACTED]

Occupation/Main Source of Income: [REDACTED]

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.

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: _____