



KITENGELA INTERNATIONAL SCHOOLS GIRLS HIGH SCHOOL SCHOLARSHIP APPLICATION FORM

www.kisc.sc.ke customercaredesk@kisc.sc.ke

THIS APPLICATION IS FREE. There is **NO** fee to apply for this scholarship.

DEADLINE: 6TH **JANUARY, 2024**

ELIGIBILITY CRITERIA

- 1. Must be either:
 - a. A student who has sat for his/her KCPE exams and will be joining FORM 1 in 2024.
 - b. A FORM 1 student who will be starting FORM 2 in 2024.
- 2. Student must either come from a poor family or be an orphan.
- 3. Must show proof of financial need.
- 4. Must demonstrate academic excellence: KCPE Score of 370/500 for pupils from public schools and 400/500 marks for those from private schools or FORM 1 average score of a A- and above.
- 5. Must have a reference letter from the Head teacher of the current primary or high school.
- 6. All supporting documents must be emailed to us as attachments before the application deadline: 6TH JANUARY, 2024.

* Required Section

1. This application has 6 parts and may take 1 - 2 hours to complete. If applying ONLINE, please have answers to all the sections ready before beginning.

Tick yes if you have reviewed the eligibility criteria and you still want to continue with the application.

YES	*	

Only shortlisted applicants shall be contacted



Please ask your parent or guardian to help you fill out the application except for PART 2: PERSONAL STATEMENT. Please write these essays yourself.

PART I: APPLICANT INFORMATION

Please supply your personal and contact information in this section.

* Required Section

2. FIRST NAME *	LAST NAME *	
3. Age *	_	
4. Date of Birth * Example:		
5. Parent or Guardian Con		
FIRST NAME *	LAST NAME *	
Telephone Number *		
Email Address (optional)		
6. Address (Postal Box and	•	
7. City *	County *	
8. Current primary or high	n school information	
NAME*		
Address *		
City/County *		
Please attach a copy of your	Results * Class eight report cards or mock exam resultate sure to send us the KCPE results as soon a	



10. Primary School Teacher Referee:

Please provide the name and contact information of the teacher you have asked to write you a letter of reference. Please note that a signed letter from this teacher should be sent as an email attachment before the application deadline.

FIRST NAME *	LAST NAME*
Phone Number *	
11. Please list any scholarships or aw	vards that you have received. *
* Required Section Please write these essays yourself. In this section we want to learn more a correct sentences.	ATEMENT about you. Please write in full grammatically
	hip will help you if you get it. (250 words minimum) money, just how you feel about the scholarship and o you.

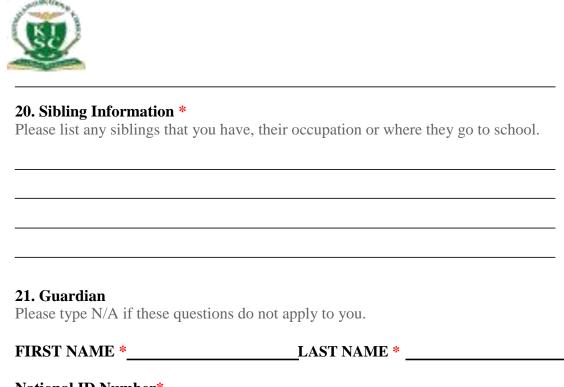
Only shortlisted applicants shall be contacted

13. What challenges or obstacles have you faced in the past and how did you	
overcome them?	
(250 words minimum) *	



14. What do you want to do when you grow up and why? (100 words minimum) *	
DADTE 2. EANGH 37 DA	CUCDOLIND
PART 3: FAMILY BA *Required Section	CKGROUND
15. Mother	
FIRST NAME *	LAST NAME *
l6. Father	
FIRST NAME *	LAST NAME *
17. Are both parents alive? *	
Please attach a death(s) certifica	te if your response is No respond with "Not Applicable" for
he rest of the questions pertaini <i>Check only one</i> .	ng to either or both parents.
Yes	
Noplease explain:	
18. What is your mother's occ	
19. What is your Father's occu	upation? *

Only shortlisted applicants shall be contacted



FIRST NAME *	LAST NAME *
National ID Number*	
22. Relationship * How are you related to your guardian	? Is he/she your sibling, aunt, uncle, etc.?
23. What is your guardian's occupa	tion? *
24. If your parents are alive, please	explain why you are living with a guardian. *

PART 4: FINANCIAL NEED

* Required Section

Please provide the name and contact information of the person (local government official such as a chief, or a church elder, etc.) that can confirm your need for financial assistance. Please ask them to write you a letter. The letter should be signed and stamped letter and sent as an email attachment before the application deadline.

25. FIRST NAME *	_LAST NAME *
26. Phone number and/or email *	



PART 5: ATTACHMENTS

Today's Date *

* Required Section

Please attach and email all required documents to customercaredesk@kisc.sc.ke.
Your application will not be considered if the documents are not received by the

deadline: 6TH JANUARY, 2024. 27. List of Required Documents * Check all that apply to you. Copy of KCPE result slip Copies of Form One report cards for all 3 terms if you attended Form One in 2018 Reference letter from your primary or secondary school teachers Letter confirming financial need Copy of death certificate(s) if applicable **PART 6: DECLARATIONS** * Required Section 28. How did you learn about KISC Education scholarship? * Check one. Friends: Family: School/Teacher: Facebook: Whatsapp: Internet search: Other (please explain): 29. This application is free. Did you or your parent/guardian PAY anyone for this application or for help with the application process? * Check only one. NO * YES * , please provide the person's contact information below. Name * Phone Number * I declare that the information given above is true to the best of my knowledge and I am aware that giving false or incomplete information will lead to an automatic disqualification. 30. Name * Signature *

Parent or guardian on behalf of student applicant

Print, fill out, scan and send to <u>customercaredesk@kisc.sc.ke-</u>before 6TH <u>JANUARY, 2024.</u>
O27 y shortlisted applicants shall be contacted