



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: December 15, 2012*

5. Parent or Guardian Contact Information:

FIRST NAME * _____ LAST NAME * _____

Telephone Number * _____

Email Address (*optional*) _____

6. Address (Postal Box and Physical Address)*

7. City * _____ County * _____

8. Current primary or high school information

NAME* _____

Address * _____

City/County * _____

9. Class 8: KCPE Exam Results * _____

Please attach a copy of your Class eight report cards or mock exam results if applying before the KCPE results are out, make sure to send us the KCPE results as soon as they are out.

Only shortlisted applicants shall be contacted



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 awards that you have received. *

PART 2: PERSONAL STATEMENT

*** Required Section**

Please write these essays yourself.

In this section we want to learn more about you. Please write in full grammatically correct sentences.

12. Please describe how the scholarship will help you if you get it. (250 words minimum)

*** You don't need to list the amount of money, just how you feel about the scholarship and examples of how it will be beneficial to 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) *

PART 3: FAMILY BACKGROUND

*** Required Section**

15. Mother

FIRST NAME * _____ **LAST NAME *** _____

16. Father

FIRST NAME * _____ **LAST NAME *** _____

17. Are both parents alive? *

Please attach a death(s) certificate if your response is No respond with "Not Applicable" for the rest of the questions pertaining to either or both parents.

Check only one.

Yes _____

No _____ please explain: _____

18. What is your mother's occupation? *

19. What is your Father's occupation? *

Only shortlisted applicants shall be contacted



20. Sibling Information *

Please list any siblings that you have, their occupation or where they go to school.

21. Guardian

Please type N/A if these questions do not apply to you.

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 occupation? *

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 * _____

Only shortlisted applicants shall be contacted



PART 5: ATTACHMENTS

*** 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

Today's Date * _____

Print, fill out, scan and send to customercaredesk@kisc.sc.ke before 6TH JANUARY, 2024.

Only shortlisted applicants shall be contacted