

COUNTY BURSARY AND SCHOLARSHIPS APPLICATION FORM

Note to applicant: This application form complies with the provisions of Data Protection Act 2019. By making this application, you grant implied consent to the **National Government Affirmative Action Fund (NGAAF)** to **undertake the following:**

- (i) Collect your personal data which include but not limited to , ID No, cellphone No , Gender, Disability status etc
- (ii) Collect your sensitive data including personal status eg pending fee balance, orphan hood, details on scholarship/bursary support from elsewhere
- (iii) Use of your name, images, photos, video clips ,or audio recordings for purposes of branding, civic education, NGAAF promotional activities or for any other purposes aligned to NGAAF' s Mandate or the policies of the Government of Kenya or any of its agencies
- (iv) Share your data with other Government Agencies e.g. the Kenya National Bureau of Statistics in strict compliance to the provisions of the Data Protection Act 2019

Having granted consent to the above, you agree to the following:

- (i) That you shall not demand any payments , extra benefits or favors as a result of the use of your images, photos, video recordings , audio recordings or personal data
- (ii) That you shall not take advantage of any recordings, images, or personal data to benefit yourself
- (iii) The use of your personal data, images, photos, video clips or audio recordings is not a guarantee that your application will go through
- (iv) That you shall not deliberately provide misleading , obsolete or inaccurate data or information

Purpose for collection of personal and sensitive data.

- (i) The reasons for collecting personal data is for accountability and audit purposes in order to track how Government Bursary /Scholarship funds have been spent
- (ii) To allow Government have data on number bursary/scholarship applicants..
- (iii) To enable NGAAF & other Government agencies assess the most needy students
- (iv) For Inclusivity of PWDs
- (v) To ensure equity across all ethnic groups in accessing Bursaries & Scholarships as per article 10 of the constitution on National Values & Principles of Governance

COUNTY BURSARY AND SCHOLARSHIPS APPLICATION FORM

1. DETAILS OF LOCALITY

COUNTY NAME:.....

CONSTITUENCY.....

WARD NAME

VILLAGE NAME:.....

2. PERSONAL AND SCHOOL DETAILS

NAME OF STUDENT:

DATE OF BIRTH.....

GENDER:.....ETHNICITY:.....

PERSON WITH DISABILITY (PWD)-(Please indicate Yes/No).....

NAME OF SCHOOL/INSTITUTION:

YEAR OF STUDY..... FORM/CLASS.....ADMIN NO.....

UPI/NEMIS NO:ID/NO (Where applicable).....

3. WHERE APPLICABLE, INDICATE:

NAME OF FATHER:

CURRENT OCCUPATION

NAME OF MOTHER.....

CURRENT OCCUPATION.....

NAME OF GUARDIAN.....

FAMILY INCOME LEVEL (MONTHLY IN KSH)

CONTACT PERSON PHONE NO.....

4. PERSONAL STATUS

(APPLICANT TO TICK ONE)

ORPHAN & NOT SUPPORTED BY EXTENDED FAMILY

ORPHAN BUT SUPPORTED BY FAMILY/SPONSOR

PERSONS WITH DISABILITY (PWDS).....

SINGLE PARENT FAMILY

ANY OTHER STATUS (PLEASE EXPLAIN)

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NOTE: PLEASE PROVIDE SUCH EVIDENCE (RELEVANT CERTIFICATES /LETTERS FROM LOCAL CHIEF ETC) AS MAY BE APPROPRIATE AND WHERE APPLICABLE TO SUPPORT YOUR STATUS.

5. PERSONAL STATEMENT

(NOTE: LEARNER TO EXPLAIN WHY BURSARY IS SOUGHT)

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DECLARATION OF FINANCIAL SUPPORT FROM OTHER SOURCES (E.G CDF, COUNTY GOVT, HELB ETC)

- (i) SOURCE: YEAR:.....:
- AMOUNT:.....
- (ii) SOURCE: YEAR:.....:
- AMOUNT:.....
- (iii) SOURCE: YEAR:.....:
- AMOUNT:.....

CURRENT FEE BALANCE

AMOUNT REQUESTED FOR.....

NOTE: IT IS MANDATORY TO ATTACH FEES STATEMENT – STAMPED AND SIGNED BY THE SCHOOL

IN THE CASE OF NEW ENTRANT, ATTACH ADMISSION LETTER

6. CONFIRMATION OF FEES AND PERSONAL STATUS

LOCAL ADMINISTRATOR (ASSISTANT CHIEF/CHIEF) TO VERIFY AND CONFIRM

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NAME OF OFFICER.....

SIGNATURE.....

STAMP AND DATE.....

7. OFFICIAL USE COUNTY LEVEL:

COUNTY CHAIRPERSON..... SECRETARY.....

SIGNATURE..... SIGNATURE.....

DATE..... DATE.....