



Transforming Africa
through Education Scholarships
and Leadership Mentoring

Branch _____

WINGS TO FLY SCHOLARSHIP PROGRAM
2019 SECONDARY SCHOOL SCHOLARSHIP APPLICATION FORM

INSTRUCTIONS/GUIDELINES

- This form is given **FREE OF CHARGE** by the Equity Group Foundation
- The information provided in this form is intended to help the Equity Group Foundation Community Scholarship Selection Board understand the applicant's academic and financial position for the purpose of assessment for scholarship/award
- This application form must be filled accurately and completely in **CAPITAL LETTERS**
- On being called for an interview, the applicant must bring the originals of all documents attached
- All incomplete or inaccurately filled forms will be automatically rejected
- Copies of **ALL DOCUMENTS** required must be provided by the applicant. Any applications without relevant documents will be rejected
- Canvassing will lead to automatic disqualification
- The completion and submission of this form is not a guarantee of sponsorship
- Any false statements, omissions or forged documents will lead to automatic disqualification
- Equity Group Foundation reserves the right to make the final determination of scholarship beneficiaries
- **Only 2018 KCPE** candidates will be considered
- **Every part of this form must be filled. Failure to do so makes this application form incomplete and therefore renders the applicant ineligible for the scholarship**
- **Only shortlisted candidates will be invited for interviews**

PART A: APPLICANT'S PERSONAL DETAILS

PERSONAL DATA

Full Name of Applicant:

First/Baptismal: _____ Middle: _____ Surname/Family Name: _____

Gender: Male Female Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Postal Address: P.O. Box:

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 Town/City:

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 Postal Code:

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Tel/Mobile No.:

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 Alternative Mobile No.:

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Physical Address: County: _____ Sub-County: _____

Ward: _____ Location: _____ Sub Location: _____

ACADEMIC INFORMATION

Name of Primary School Attended: _____

Postal Address: P.O. Box:

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 Town/City:

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 Postal Code:

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Tel/ Mobile No.:

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 Alternative Mobile No.:

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Physical Address: County: _____ Sub-County: _____

Ward: _____ Location: _____ Sub-Location: _____





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KCPE Index No.:																KCPE Marks:						
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(Attach a copy of your results' slip or one provided by the Head Teacher of your former school with his/her certification.)

Year sat for KCPE: _____ Have you attempted KCPE in previous years? Yes No

If yes, how many times and why? _____ Please indicate the KCPE scores attained for previous years: _____

Have you repeated any class? (1-8) while in primary school? Yes No if yes, which ones? _____

PART B: APPLICANT'S FAMILY INFORMATION

PARENTS' INFORMATION

Father's Full Name:

First Name: _____ Middle Name: _____ Surname: _____

ID No.:															Living:	<input type="checkbox"/>	Deceased:	<input type="checkbox"/>	[If deceased, please attach copy of Death/Burial Certificate]			
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Physical Address: County: _____ Sub-County: _____

Ward: _____ Location: _____ Sub-Location: _____

Postal Address: P.O. Box: _____ Town/City: _____ Postal Code: _____

Tel/Mobile No.: _____

Source of Income: _____

Mother's Full Name:

First Name: _____ Middle Name: _____ Surname: _____

ID No.:															Living:	<input type="checkbox"/>	Deceased:	<input type="checkbox"/>	[If deceased, please attach copy of Death/Burial Certificate]			
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Physical Address: County: _____ Sub-County: _____

Ward: _____ Location: _____ Sub-Location: _____

Postal Address: P.O. Box: _____ Town/City: _____ Postal Code: _____

Tel/Mobile No.: _____

Source of Income: _____

Are your parents living together? Yes No

GUARDIAN INFORMATION (If not living with your parents)

First Name: _____ Middle Name: _____ Surname: _____

ID No.:															Relationship with Student /Applicant:	_____
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Physical Address: County: _____ District: _____

Ward: _____ Location: _____ Sub-Location: _____

Postal Address: P.O. Box: _____ Town: _____ Postal Code: _____

Tel/Mobile No.: _____

Source of Income: _____





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SIBLING INFORMATION

List all your brothers and sisters starting with the oldest and state what each is doing.

(If working, describe job and monthly salary. If in university, state it; If in school, state the form or class; If in training describe it; If a sister is married, show the occupation of the husband. If a brother is married show, the occupation of the wife.)

	Name	Age	School/Employer	Class/Position in Employment
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

PART C: APPLICANT'S EVIDENCE OF NEED APPLICANT'S INFORMATION

Indicator	Description
Why are you applying for a scholarship?	
Have you received any financial support/bursaries in the past? Please provide details:	
Do you suffer from any physical impairment (disability)? Do you have any disability or any chronic illness? If yes, kindly describe and provide evidence:	
Are you entitled to any form of inheritance from your parents/ guardians/any other source? Describe:	

Who do you live with? Parent(s): Guardian(s): Other: Specify: _____

PARENTS'/GUARDIANS' INFORMATION

Indicator	Father/Male Guardian	Mother/Female Guardian	Other
Age of your parents/guardians:			
Does any of your parents have any form of disability? Describe the disability:			
Does any of your parents/guardians suffer from a chronic disabling medical condition? Describe:			
Are you living with both parents? If not, explain:			
Are your parents/guardians employed? Give details of job and salary per month: Attach Payslip			
Do your parents/guardians own a business? Describe and show the average monthly income: Attach Bank Statement			



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Do your parents/guardians own land/plot? State number of acres, type of crops grown, number of cows/sheep/goats/donkeys and income from such assets:	Land size: List livestock:
Do your parents/guardians have any other assets or sources of income, including casual labor? Indicate the approximate monthly income:	

FAMILY INFORMATION

Indicator	Description
Has your family been affected by civil conflict or natural disasters such as displacement, flooding, drought, fire or famine? Describe:	
What type of house do you live in? Describe such as grass hatched, iron sheet, cemented, etc:	
Please describe any other cause of disadvantage or vulnerability:	
Any siblings in i) Secondary School? ii) University?	

(SKETCH A DIRECTIONAL MAP TO YOUR HOME FROM THE NEAREST LANDMARK)

Part D: How did you first learn about the *Wings to Fly* scholarship program?

(Please mark only one)

- Equity Bank Branch (specify location)
- Equity Agent (specify location)
- School – teacher, principal or counselor (list name)
- Church, mosque or synagogue (specify name)
- Friends, parent, guardian or relative
- Internet (specify site)
- Radio or TV (specify)
- Newspaper or magazine (specify)
- Social networks such as Facebook, Twitter or Myspace (specify)
- Others (specify): _____





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PART E: DECLARATIONS

APPLICANT'S DECLARATION

I, _____ declare that the information given above is true to the best of my knowledge and I am aware that giving false representation will mean that my application will not be considered and will lead to automatic disqualification. I authorise Equity Group Foundation or its representatives to obtain such additional information concerning my educational program and financial records as needed to complete this scholarship application. I also authorise Equity Group Foundation and its representatives to communicate and release information to others who are involved in making decisions relating to my educational plans including and not limited to my previous and future schools, referees named in this form and the Ministry of Education. In the event I win the scholarship, I commit myself to working hard and posting excellent results throughout my secondary school course.

Signature: _____

Date:

D	D	M	M	Y	Y	Y	Y
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PARENT'S/GUARDIAN'S DECLARATION

I confirm that the above information is true to the best of my knowledge and I am aware that giving false representation will mean that the application will not be considered and will lead to automatic disqualification. On behalf of my child, I authorise Equity Group Foundation or its representatives to obtain such additional information concerning this applicant's education and financial records as needed to complete this scholarship application. I also authorise Equity Group Foundation and its representatives to communicate and release information to others who are involved in making decisions relating to this applicant's educational plans including and not limited to their previous and future schools, referees named in this form and the Ministry of Education.

Parent's/Guardian's Name: _____

Signature: _____

Date:

D	D	M	M	Y	Y	Y	Y
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If you wish to provide additional information, please attach a separate piece of paper.

Part F: RECOMMENDATIONS

This part must be completed by the relevant authorities indicated. Any false information will lead to disqualification.

1. Primary School Head Teacher:

Please report on the above named applicant's performance, conduct, special interests and talents. Also explain why he/she should be considered for the *Wings to Fly* Scholarship Program:

How long have you known the candidate/family? _____

My school has _____ pupils who sat for KCPE and in the most recent tests sat by the applicant before sitting for KCPE, this applicant's position was number _____ overall and attained _____ marks out of 500.

Report on any special interests or talents the child may have e.g. Leadership, Sports, Arts, Music, etc: _____

Rate the candidates financial ability: Very Rich Rich Middle Income Poor Very Poor

I have reviewed the information given in this form and believe it to be truthful. The above named student attended my school and based on my knowledge and/or inquiries, I affirm that he/she is needy/vulnerable. (Please describe facts about his/her circumstances.)



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Name: _____ Signature & Official Stamp: _____ Date:

D	D	M	M	Y	Y	Y	Y
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 Town/City:

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 Postal Code:

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Tel/Mobile No.:

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2. Provincial Administration (Chief or Assistant Chief)

How long have you known the candidate/family? _____

Rate the candidate's financial ability: Very Rich Rich Middle Income Poor Very Poor

	Yes	No
Orphaned		
Parents/Guardians are Employed		
Parents/Guardians		
Explain any additional information:		

I have reviewed the information given in this form and believe it to be truthful. The above named student is a resident of my Location/ Sub-Location. Based on my knowledge and/or inquiries, I affirm that he is needy/vulnerable.

Name: _____ Signature & Official Stamp: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Postal Address: P.O. Box:

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 Town/City:

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 Postal Code:

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Tel/Mobile No.:

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3. Religious Leader (Bishop, Pastor, Priest, Imam, etc.)

How long have you known the candidate/family? _____

Rate the candidate's financial ability: Very Rich Rich Middle Income Poor Very Needy

I have reviewed the information given in this form and believe it to be truthful. Based on my knowledge and/or inquiries, I affirm that this student is needy/vulnerable based on the following facts about his/her circumstances.





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Name: _____ Signature & Official Stamp: _____ Date:

D	D	M	M	Y	Y	Y	Y
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 Town:

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 Postal Code:

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Tel/Mobile No.:

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NB: If a family is found to have misrepresented their circumstances, the scholarship will be terminated and they will be required to refund fees paid.