





**Transforming Africa**  
through Education Scholarships  
and Leadership Mentoring

|                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |       |
|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------|--|--|--|--|-------|
| K.C.P.E Index No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  | K.C.P.E Results: |  |  |  |  | Marks |
|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------|--|--|--|--|-------|

*(Attach copy of results slip or one provided by the Headteacher of your former school with his/her certification)*

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

If more than once how many times and why? \_\_\_\_\_ Scores attained in the previous years: \_\_\_\_\_

Have you repeated any class? Yes  No  if yes which ones \_\_\_\_\_

**PART B: APPLICANT'S FAMILY INFORMATION**

**PARENT'S INFORMATION**

**Father's Full Name:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Name Surname: \_\_\_\_\_

|        |  |  |  |  |  |  |  |  |  |  |  |         |                          |           |                          |   |
|--------|--|--|--|--|--|--|--|--|--|--|--|---------|--------------------------|-----------|--------------------------|---|
| ID No. |  |  |  |  |  |  |  |  |  |  |  | Living: | <input type="checkbox"/> | Deceased: | <input type="checkbox"/> | <b>[If deceased please attach copy of death/burial certificate]</b> |
|--------|--|--|--|--|--|--|--|--|--|--|--|---------|--------------------------|-----------|--------------------------|---|

Physical Address: County: \_\_\_\_\_ District: \_\_\_\_\_

Division: \_\_\_\_\_ Location: \_\_\_\_\_ Sub-Location: \_\_\_\_\_

|                           |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|--|
| Postal Address: P.O. Box: |  |  |  |  |  |  |  |  |  |  |  | Tel/Mobile No. |  |  |  |  |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|--|

Occupation: \_\_\_\_\_

**Mother's Full Name :**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

|        |  |  |  |  |  |  |  |  |  |  |  |         |                          |           |                          |   |
|--------|--|--|--|--|--|--|--|--|--|--|--|---------|--------------------------|-----------|--------------------------|---|
| ID No. |  |  |  |  |  |  |  |  |  |  |  | Living: | <input type="checkbox"/> | Deceased: | <input type="checkbox"/> | <b>[If deceased please attach copy of death/burial certificate]</b> |
|--------|--|--|--|--|--|--|--|--|--|--|--|---------|--------------------------|-----------|--------------------------|---|

Physical Address: County: \_\_\_\_\_ District: \_\_\_\_\_

Division: \_\_\_\_\_ Location: \_\_\_\_\_ Sub-Location: \_\_\_\_\_

|                           |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--------------------|--|--|--|--|--|--|--|--|--|--|
| Postal Address: P.O. Box: |  |  |  |  |  |  |  |  |  |  |  | Tel/Mobile Number: |  |  |  |  |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--------------------|--|--|--|--|--|--|--|--|--|--|

Occupation: \_\_\_\_\_

Are your parents living together? Yes  No  (If no please explain): \_\_\_\_\_

**GUARDIAN INFORMATION (If not living with the parents)**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

|        |  |  |  |  |  |  |  |  |  |  |  |                                    |       |
|--------|--|--|--|--|--|--|--|--|--|--|--|------------------------------------|-------|
| ID No. |  |  |  |  |  |  |  |  |  |  |  | Relationship to student/applicant: | _____ |
|--------|--|--|--|--|--|--|--|--|--|--|--|------------------------------------|-------|

Physical Address: County: \_\_\_\_\_ District: \_\_\_\_\_

Division: \_\_\_\_\_ Location: \_\_\_\_\_ Sub-Location: \_\_\_\_\_

|                           |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--------------------|--|--|--|--|--|--|--|--|--|--|
| Postal Address: P.O. Box: |  |  |  |  |  |  |  |  |  |  |  | Tel/Mobile Number: |  |  |  |  |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--------------------|--|--|--|--|--|--|--|--|--|--|

Occupation: \_\_\_\_\_





**Transforming Africa**  
through Education Scholarships  
and Leadership Mentoring

## SIBLING INFORMATION

List all the applicants' 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 documentation:           |             |
| Do you have any special needs? For example: chronic illness, disability. Please provide documentation: |             |
| Any other cause for special needs? Describe:   |             |

Who do you live with? Parent(s)  Guardian(s)

## PARENT/GUARDIAN INFORMATION

| Indicator   | Father/Male Guardian | Mother/Female Guardian |
|---|----------------------|------------------------|
| Age of your parents/guardians:  |                      |                        |
| Is any of your parents disabled? 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: <b>Attach Payslip</b>          |                      |                        |
| Do your parents/guardians own a business? Describe and show the average monthly income: <b>Bank Statement</b> |                      |                        |



**Transforming Africa**  
through Education Scholarships  
and Leadership Mentoring

|   |  |  |
|---|--|--|
| Do your parents/guardians own land? State number of acres, type of crops grown, number of cows/sheep/goats/donkeys and income from such assets: |  |  |
| 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:   |             |
| Please describe any other cause of disadvantage or vulnerability?  |             |
| Any siblings in i) Secondary School:<br>ii) University:  |             |

**(SKETCH A DIRECTIONAL MAP TO THE 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, synagogue (specify name)
- Friends, parent, guardian or relative
- Internet (specify site)
- Radio, TV (specify)
- Newspaper, magazine (specify)
- Social networks such as Facebook, Twitter, Myspace (specify)
- Others (specify): \_\_\_\_\_





**Transforming Africa**  
through Education Scholarships  
and Leadership Mentoring

## 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 authorize 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 authorize 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, Science and Technology. In the event I win the scholarship, I commit myself to working hard and posting excellent results throughout my secondary school course.

Signature: \_\_\_\_\_

Date of 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

### 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 authorize 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 authorize 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, Science and Technology.

Parent/Guardian name \_\_\_\_\_

Signature: \_\_\_\_\_

Date of: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

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? \_\_\_\_\_

Rate the candidates financial ability:  Rich  Middle Class  Low Income  Needy  Very Needy

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

---



---



---



---



---





**Transforming Africa**  
through Education Scholarships  
and Leadership Mentoring

Name: \_\_\_\_\_ Signature & Official Stamp: \_\_\_\_\_ Date of: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Mailing Address: P.O. Box: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

 Tel/Mobile Number: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

**2. Provincial Administration (Chief or Asst. Chief).**

How long have you known the candidate/family? \_\_\_\_\_

Rate the candidates financial ability:  Rich  Middle Class  Low Income  Needy  Very Needy

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 can affirm that he is needy/vulnerable based on the following facts about his her circumstances.

---

---

---

---

---

Name: \_\_\_\_\_ Signature & Official Stamp: \_\_\_\_\_ Date of: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Mailing Address: P.O. Box: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

 Tel/Mobile Number: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

**3. Religious Leader (bishop, pastor, priest, imam, etc.)**

How long have you known the candidate/family? \_\_\_\_\_

Rate the candidate's financial ability:  Rich  Middle Class  Low Income  Needy  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 can affirm that this student is needy/vulnerable based on the following facts about his/her circumstances.

---

---

---

---

---

---

---

---

---

---

---





**Transforming Africa**  
through Education Scholarships  
and Leadership Mentoring

Name: \_\_\_\_\_ Signature & Official Stamp: \_\_\_\_\_ Date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Mailing Address: P.O. Box 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

 Tel/Mobile Number: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

**4. Other Recommendations** *(Please specify. Attach written, dated and signed original letters):*

---

---

---

---

---

---

---

---

---

---

**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.**

