

SHEPHERD'S SCHOLARSHIP PROGRAM

~guided by faith and compassion~

PART A: APPLICANT'S PERSONAL DETAILS PERSONAL DATA

Full Name of Child

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

Gender: Male ☐ Female ☐ Date of Birth:

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

Physical Address: County : _____ Sub-county: _____ Ward: _____

ACADEMIC INFORMATION

Child's current grade/class: _____

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

1. (a) Father's Full Name

First Name: _____ Middle Name: _____ Surname: _____

ID No.:

--	--	--	--	--	--	--	--	--	--

 Living:

☐	Deceased: ☐	[If deceased, please attach copy of death / burial certificate]
--------------------------	------------------------------------	---

Physical Address: County : _____ Sub-county: _____ Ward: _____

Mob:

--	--	--	--	--	--	--	--	--	--

Source of Income & Amount/Salary earned: _____

2. (a) Mother's Full Name

First Name: _____ Middle Name: _____ Surname: _____

ID No.:

--	--	--	--	--	--	--	--	--	--

 Living:

☐	Deceased: ☐	[If deceased, please attach copy of death / burial certificate]
--------------------------	------------------------------------	---

Physical Address: County : _____ Sub-county: _____ Ward: _____

Mob:

--	--	--	--	--	--	--	--	--	--

Source of Income & Amount/Salary earned: _____

SHEPHERD'S SCHOLARSHIP PROGRAM

~guided by faith and compassion~

GUARDIAN INFORMATION (If not living with your parents)

First Name: _____ Middle Name: _____ Surname : _____

ID No.

--	--	--	--	--	--	--	--	--	--

Relationship with Student / Applicant: _____

Physical Address: County: _____ Sub-County: _____ Ward: _____

Tel / Mobile Number:

--	--	--	--	--	--	--	--	--	--

Source of Income & Amount/Salary earned: _____

SIBLING(S) INFORMATION

List of applicant's brothers and sisters starting with the oldest and state what each is doing in life.

(If working, describe job and monthly salary; if in college or university, state; if in school, state the form or class; and if in training, describe it).

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

PART C: APPLICANT'S EVIDENCE OF NEED

APPLICANT'S INFORMATION

Indicator	Description
Why are you applying this scholarship for your child?	
Have you received any financial support/bursaries in the past? If so, please provide details.	

(please, attach any other detailed information if any)

PARENT/GUARDIAN INFORMATION

Indicator	Father / Male Guardian	Mother / Female Guardian	Other, specify:
Age of parents/guardians?			

(please attach any other detailed information if any)

SHEPHERD'S SCHOLARSHIP PROGRAM

~guided by faith and compassion~

FAMILY INFORMATION

Indicator	Description
Has your family been affected by civil conflict or natural disasters such as displacement, flooding, drought, fire or famine? If yes, describe:	
What type of house do you live in? Give description such as grass thatched, iron sheet, cemented, etc.:	
Do you own a family house?	
Please describe any other cause of disadvantage or vulnerability?	

PART D: DECLARATIONS 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 Joybirds Preparatory School or its representatives to obtain such additional information concerning my child's education and financial records as needed to complete this scholarship application. I also authorise Joybirds Preparatory School and its representatives to communicate and release information to others who are involved in making decisions relating to my child's educational plans including but not limited to their previous and future schools, referees named in this form.

Parent's/Guardian's Name: _____

Signature: _____

Date: _____

(If you wish to provide additional information, please attach a separate piece of paper.)

RELIGIOUS LEADER

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 child is needy/vulnerable based on the following facts about his/her circumstances.

Name: _____ Date: _____

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

Signature & Official Stamp:

Mob No

--	--	--	--	--	--	--	--	--	--

SHEPHERD'S SCHOLARSHIP PROGRAM

~guided by faith and compassion~

APPENDIX I: Please, fill this section by checking in what you are able to pay (mark either YES or NO)

ITEM	AMOUNT IN KSH	YES	NO
Tuition fee per term	Preschool- 6500		
	Lower primary- 7000		
	Upper primary-8000		
Exam fee (once per term)	200		
Admission fee	500		
Stationery (Exercise books, Textbooks, Pens, Pencils, Luminous papers, eraser, etc (per year)	7500		
Assessment book (once per year)	200		
Diary (once per year)	100		
Tea & Lunch (once per term)	700		
Tea Snacks (per term)	600		
School uniform (1 pair)	5,500		

Note: Stationery budget during admission/enrollment is 7500, this will go down to 3000 a year in the following years. During admission/enrollment the student buys all books but after that they will only buy simple stationery like pens and exercise books.