



KIMBILIO DAIMA SACCO SCHOLARSHIP FORM APPLICATION FORM

Kimbilio Daima Sacco Scholarship is designed to help bright but financially challenged students in meeting their school fees. Successful applicants will be required to keep good grades in High School.

Kimbilio Daima Sacco Scholarship is limited to students within the SACCO catchment areas who meet the application criteria detailed below.

To be eligible for consideration, the applicant must:

- a) Be a Kenyan citizen.
- b) Have sat for the Kenya Certificate of Primary Education (K.C.P.E) examination in the year 2023 in a primary school that is recognized as such by the Ministry of Education in Kenya and obtained a certain minimum cut off point, which may vary from year to year- usually 350 points.
- c) Be a boy or girl from a needy family.

Interested students should fill and submit the SACCO Scholarship Application Form and provide:

- a) A certified copy of KCPE result slip.
- b) Relevant recommendation letters as outlined in the application form.
- c) Copy of birth certificate.
- d) Copy of Form one-admission letter/joining instructions where available.
- e) Evidence of being an orphan where applicable.

This application must be completely filled in, and directions clearly followed before it will be considered. Incomplete form or forms containing false information will be rejected. Provide the required information in the space provided only. Use either English or Kiswahili.

Please fill this application and submit a hardcopy to the Chief Executive Officer at Kimbilio Daima Sacco - Kapset.

The student's parent, guardian, or sponsor should complete all of the relevant parts and provide supporting evidence where necessary (e.g. proof of income, death certificate etc). All parts of the form must be submitted to C.E.O with supporting documentation not later than Friday 22nd December 2023. Late applications will not be considered.

PART 1- PERSONAL INFORMATION

Name:

Surname:First name: Middle:.....

Date of Birth: Gender: Male Female

Postal Address:E-mail:.....

Physical Address: County:Constituency:.....

Phone:

PART 2- EDUCATION INFORMATION

KCPE marks: Year:

PrimarySchool:.....

Postal Address.....

Head Master/Mistress:.....

PART 3- FAMILY INFORMATION

Father's / Guardian's Name:

Surname:First name:Age:.....

Mother's / Guardian's Name:

Surname:First name: Middle:.....Age:.....

Are your parents: Married Single Divorced Widowed

Mother alive? Yes No Father alive? Yes No

How many siblings (brothers and sisters) do you have? Are you the 1st, 2nd... born?

Father's / guardian's Highest Level of Education (Write none if no education):
.....

Father's / Guardian's Occupation:

Businessperson Retired Farmer Unskilled

Professional Other, Specify

Name & Address of Father's / Guardian's Employer or Last Employer (if applicable):
.....

Mother's / Guardian's Highest Level of Education ((Write none if no education)
.....

Mother's / Guardian's Occupation:

Businessperson Retired Farmer Unskilled

Professional Other, Specify

Name & Address of Mother's / Guardian's Employer or Last Employer (if applicable):
.....

PART 4- PARENT'S FINANCIAL INFORMATION

Parents' (both) monthly salary: Kshs

Grower number Buying Centre:.....

Family Budget

	Amount in Ksh.
Income per Month	
Father's salary/ business	
Mother's Salary/ business	
Tea earnings	
Other source	
Total Income	
Expenditure per month	
Food, clothing etc	
House rent	
School fees for children (Per term)	
Loans	
Other	
Total Expenditure	

What is your total need for which you are requesting assistance? Kshs

Have you applied for financial assistance in the past? (Give evidence)

CDF Assistance? Yes No

Other Scholarships? Yes No

If yes, Please state which one(s) and amount.....

Have you applied for any financial assistance for secondary education?

Scholarship..... Amount Kshs

PART 5- PERSONAL STATEMENT

State briefly why you should be considered for this scholarship

Applicant declaration:

I, Confirm that all of the information
aforementioned is true and correct. I accept responsibility for any information found to be false/
misleading. I authorize SACCO to obtain further information; and to use and release information regarding
my application to the scholarship program to parties that may be relevant and of benefit to my education.

Signature: Date.....

Parent/Guardian declaration:

I, confirm that all of the information
aforementioned is true and correct. I accept responsibility for any information found to be false /
misleading. I authorize SACCO to obtain further information; and to use and release information regarding
my child’s application to the scholarship program, to parties that may be relevant and of benefit to my
child’s education.

Signature:.....

Date.....

Name: ID No.....

Relationship to applicant (father, mother, guardian etc)

Address:..... Telephone:.....

Head teacher

I have known the applicant for..... Years. I wish to confirm that to the best of my knowledge,
information given in this application is correct and true.

Name:.....ID No.....

Title:

Address:

Telephone:

Signature and Stamp:

PART 6- FOR OFFICIAL USE ONLY

Approved: Yes No

Name of selection committee chairman.....

Signature: