



Kenya National
Highways Authority



AFRICAN DEVELOPMENT BANK

SCHOLARSHIP APPLICATION FORM

TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING OF UNEMPLOYED YOUTH

MULTINATIONAL UGANDA-KENYA: KAPCHORWA-SUAM-KITALE AND ELDORET TOWN BYPASS ROADS PROJECT

FINANCIAL ASSISTANCE

Financial assistance is based on financial need and academic performance. Sponsorships shall be awarded and/ or renewed if funds are available.

OBJECTIVE OF THE TRAINING

The training component entails support to the youth currently residing within the Corridor, and who have no formal training. The Programme shall select individuals to be trained in local Kenyan Technical Training Institutions to enhance their skills to secure gainful employment thereafter. The proposed training program is also aimed at building the youth economic capabilities through self-development.

ELIGIBILITY: FOR THE MAIN APPLICANT

- Kenyan citizen or Kenyan permanent resident.
- Preferably aged between 18 and 35 years old.
- Should be a resident of either Uasin-Gishu and Trans-Nzoia Counties.
- Must have ability to read and write with possession of a school certificate.
- Women and persons living with disabilities are particularly encouraged to apply.

APPLICANTS MUST PROVIDE:

- Copy of National ID/Passport;
- Completed application form;
- Certified copies of Kenya Certificate of Primary Education (Certification to be Done By the School);
- Certified copies of Kenya Certificate of Secondary Education (Certification to be Done By the School);
- Certified copies of School leaving Certificate (Certification to be Done By the School);
- Demonstrated financial need(Attach Letter from Area Chief/Local Religious Leader)

PART A: APPLICANT'S PERSONAL DETAILS

Passport Photo									
Surname			First Name				Middle Name		
Note: Names above should be as per KCPE Enrollment.									
Email									
Telephone No									
ID Number									
Box Number			Postal Code				Town		
Gender			Date of Birth (attach copy of birth certificate)				Marital Status		
M	F		D	D	M	M	Y	Y	
Place of Current Residence									
County			Constituency				Sub County		
Division			Location				Sub Location		
Highest Education Level			None	Primary	Secondary		Diploma		Degree

Education Level	Academic Performance (Marks/Grade)	Year of Exam
Primary School (Attach Result Slip & School Leaving Certificate Certified By School)		
Secondary <u>School</u> (Attach Result Slip & School Leaving Certificate Certified By School)		

Do you have any special needs (Tick Appropriately)	Yes		No	
Visually Challenged (Provide Evidence) (Attachment)				
Physically Challenged (Provide Evidence) (Attachment)				
Hearing (Provide Evidence) (Attachment)				
Other (Specify) (Provide Evidence) (Attachment)				

Course(s) you are applying for		
Option 1	Institution	
	Course	
Option 2	Institution	
	Course	

PART B: PARENTS' DETAILS

Parents' Marital Status	Single	Married	Divorced	Widowed
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FATHER			MOTHER		
a) Is your Father alive?	Yes	No.	a) Is your Mother alive?	Yes	No
b)If yes give his age;			b) If yes give her age;		
c)Name:_____			c) Name:_____		
d) ID No._____			d)ID No._____		
e)Occupation: _____			e)Occupation:_____		
f)Phone Number			f)Phone Number		
g)Name and address of employer(s)			g)Name and address of employer(s)		
h)If retired give name(s) and address of last employer(s); _____			h)If retired give name(s) and address of last employer(s); _____		
Year of retirement:_____			Year of retirement: _____		
Employer's Telephone No:			Employer's Telephone No:		

Guardian Details(If Applicable)	
Guardian's Name	
Guardian's Phone Number	
Guardian's Email Address	
Guardian's Postal Address	

PART C: INFORMATION ABOUT FINANCIAL STATUS

a. Approximate current gross family income per month.

Item	Father	Mother	Total
Gross income from employment (Salary or Pension)			
Income from Business e.g. Shop, Hotel, Matatu.			
Income from farming e.g. Crops, Livestock, Fishing.			
Income from other sources e.g. Shares, Dividends, Interest			
Income from Harambee and Donations.			
Others e.g. CDF, HELB, NGO			
TOTAL			

(b) Applicant's Siblings in Educational Institution (*Please include documentary evidence*)

Child's Name	Institution Name	Year of Study	Expected Education Expenditures
1.			
2.			
3.			
4.			
6.			
TOTAL			

(c) Number and age of siblings not in school _____

TERMS AND CONDITIONS

1. KeNHA reserves the right to withdraw, at any time and from time to time, any scholarship awarded to a holder who does not attain the required pass mark in the various assessments conducted by the respective training institution.
2. A candidate in respect to whom a scholarship is withdrawn will not be eligible for the re-award of a scholarship.
3. Scholarship once awarded, unless withdrawn, will be tenable in respect to any student for the duration of the course only.
4. A scholarship awarded to an applicant is not transferable to any other candidate whatsoever.
5. Any applicant who gives false information or submits fake documents in support of the request for a scholarship shall be liable to disqualification and prosecution.

Note:

- All spaces in this form should be filled, otherwise the application will not be considered.
- All forms to be received on or before **15th March, 2022**.
- Certified copies, by the school, of KCPE or KCSE certificates **MUST** be attached.
- Only shortlisted candidates will be contacted.
- **Attach letter from Area Chief or Local Religious Leader** demonstrating your financial need against the information about financial status.

ATTACHMENTS

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| i) KCPE/KCSE Certificate | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii) School Leaving Certificate | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii) Recommendation letter from Chief/Local Religious Leader | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv) Copy of National ID/Passport | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Name of Area Chief/Religious Leader _____

Phone Number _____

APPLICANT CERTIFICATION

I hereby certify that all the information I have provided on this form and all supplementary forms is true, correct, and complete. I hereby authorize KeNHA or its representatives to obtain such additional information concerning my educational programme and financial records needed to complete processing of this application. It is also my understanding that KeNHA, may, as it seems appropriate, release to others who may be considering me for financial assistance or making decisions relating to my educational plans, information concerning the amount of any award I may receive. Any falsified information may lead to disqualification.

Applicant signature: _____ **Date:** _____

LOCAL ADMINISTRATION CERTIFICATION

I certify that the above applicant is a resident of _____ Sub-location/Location/Sub-county within _____ County.

ACC/Area Chief's Stamp and Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY (KeNHA Regional Offices in Eldoret, or at the Uasin-Gishu County Commissioner's office and Trans-Nzoia County Commissioner's office .)

Date Received _____ Receiving officer _____ Signature _____

[FOR AND ON BEHALF OF KENYA NATIONAL HIGHWAYS AUTHORITY]

Note: The filling of this application form does not guarantee that the applicant will receive sponsorship.