



## SCHOLARSHIP APPLICATION FORM TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING OF UNEMPLOYED YOUTH

### HORN OF AFRICA GATEWAY DEVELOPMENT 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 PRIMARY APPLICANT

- Kenyan citizen or Kenyan permanent resident.
- Preferably aged between 18 and 35 years old.
- Should be a resident of either Meru, Isiolo, Garissa or Wajir Counties.
- Must have ability to read and write with possession of a school certificate.
- Women and persons living with disability are particularly encouraged to apply.

#### APPLICANTS MUST PROVIDE:

- Copy of National ID/Passport;
- Completed application form;
- Demonstrated financial need (Attach Letter from Area Chief/Local Religious Leader)

**FILL IN BLOCK LETTERS**

**PART A: APPLICANT'S PERSONAL DETAILS**

<b>Passport Photo</b>													
<b>Surname</b>			<b>First Name</b>			<b>Middle Name</b>							
<b>Email</b>													
<b>Telephone No</b>													
<b>Alternative Phone No.</b>													
<b>Next of Kin Phone Number</b>								<b>Relationship</b>					
<b>ID Number</b>													
<b>Box Number</b>			<b>Postal Code</b>			<b>Town</b>							
<b>Gender</b>			<b>Date of Birth (attach copy of birth certificate)</b>			<b>Applicant's Civil Status</b>							
<b>M</b>		<b>F</b>		<b>D</b>		<b>M</b>		<b>Y</b>					
[ ]		[ ]								<input type="checkbox"/> Single <input type="checkbox"/> Single Parent <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
<b>Applicant's Employment Status</b>			[ ] Employed			[ ] Self-Employed			[ ] Unemployed				
<b>Place of Current Residence</b>													
<b>County</b>			<b>Constituency</b>			<b>Sub County</b>							
<b>Ward</b>			<b>Location</b>			<b>Sub Location</b>							
<b>Highest Education Level</b>			None		Primary		Secondary		Diploma		Degree		
			[ ]		[ ]		[ ]		[ ]		[ ]		

<b>Do you have any special needs (Tick Appropriately)</b>	Yes	[ ]	No	[ ]
Visually Challenged ( <b>Provide Evidence</b> ) ( <b>Attachment</b> )	Yes	[ ]	No	[ ]
Physically Challenged ( <b>Provide Evidence</b> ) ( <b>Attachment</b> )	Yes	[ ]	No	[ ]
Hearing ( <b>Provide Evidence</b> ) ( <b>Attachment</b> )	Yes	[ ]	No	[ ]
Other (Specify) ( <b>Provide Evidence</b> ) ( <b>Attachment</b> )				

<b>Course(s) you are applying for</b>		
<b>Options</b>	<b>Institution (Tick ONLY ONE)</b>	<b>Course</b>
<b>Option 1</b>	[ ] Nkabune Technical Training Institute	
	[ ] North Eastern National Polytechnic	
	[ ] Bishop Locati Training Institute	
	[ ] Sensei Institute of Technology	
	[ ] Meru National Polytechnic	
<b>Option 2</b>	[ ] Nkabune Technical Training Institute	
	[ ] North Eastern National Polytechnic	
	[ ] Bishop Locati Training Institute	
	[ ] Sensei Institute of Technology	
	[ ] Meru National Polytechnic	

Is your household in the National Land Commission list of Project Affected Persons (PAPs)	Yes [ ]	No [ ]
If the answer to the above is yes, please provide details of the name and the contact details of the household head	Name	Tel. No.

## **PART B: PARENTS' DETAILS**

<b>Parents' Marital Status</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
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<b>FATHER</b>			<b>MOTHER</b>		
a) Is your father alive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No.	a) Is your mother alive?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:		

<b>Guardian Details (If Applicable)</b>	
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			
<b>TOTAL</b>			

**(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.			
<b>TOTAL</b>			

**(c) Number of siblings BELOW 18 YEARS AND currently 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 **Thursday, 23<sup>rd</sup> July, 2026.**
- Shortlisted candidates will be required to bring along all required original certificates and any other necessary supporting documents.
- Only shortlisted candidates will be contacted.
- Attach letter from County Commissioner, Deputy County Commissioner, Area Chief or Local Religious Leader demonstrating your financial need against the information about financial status.

## ATTACHMENTS

- i) KCPE/KCSE Certificate /Driving License Yes  No
- ii) Recommendation letter from Office of the County Commissioner (DCC/ACC)/Area Chief Yes  No
- iii) Copy of National ID/Passport Yes  No

Name of County Commissioner/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, **AND** attest that all the information provided above is true to the best of my knowledge.

**CC/DCC's/Chief's Stamp and Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**FOR OFFICIAL USE ONLY (KeNHA Isiolo Regional Offices in Isiolo, or at the Isiolo County Commissioner's office, Meru County Commissioner's office., Garissa County Commissioner's office and Wajir County Commissioner's office.)**

Date Received \_\_\_\_\_ Receiving Officer \_\_\_\_\_ Signature \_\_\_\_\_

[FOR AND ON BEHALF OF KENYA NATIONAL HIGHWAYS AUTHORITY]

### Notes:

- The filling of this application form does not guarantee that the applicant will receive sponsorship.
- The information provided in the form will be kept confidential and will only be used for recruitment process.
- Applicants are NOT REQUIRED to pay any fee during this application process.

Vision: A quality National Trunk Road Network to all for prosperity

Mission: To develop and manage resilient, safe, and adequate National Trunk Roads for sustainable development through innovation and optimal utilization of resources

Core Values:

Accountability

Sustainability

Innovation

Teamwork

X @KeNHAKenya

f Kenya National Highways Authority

KeNHA TV

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