

SCHOLARSHIP APPLICATION FORM

FORM NO. MN-3a

Instructions To Applicants

- Kindly complete the application form in BLOCK Letters.
- Provide accurate details on all the parts as required.
- Attach copies of your Birth Certificate, Results Slip, Leaving Certificate, Secondary School Admission Letter and Death Certificates for the parents.
- This scholarship is ONLY meant for Total or Partial Orphans who scored 350 marks in KCPE and whose parent(s) was/were Mwalimu National SACCO Society members.
- Note that the chances are limited and opportunity will be given competitively.
- This form is for preliminary assessment only.
- Giving of false information will lead to automatic disqualification.

PART 1: APPLICANT'S DETAILS

Names: Last (Surname): _____ First: _____ Middle Name: _____
 Date Of Birth: ____/____/____ DD/MM/YYYY Gender: F M
 Place Of Birth: County: _____ Home District: _____

PART 2: SCHOOL AND EXAMINATION DETAILS

Primary School Details

Name Of The Last Primary School Attended: _____
 Postal Address: _____ Code: _____ Telephone No. (If Applicable) _____
 Head Teacher's Names: _____
 Names Used In Kcpe Examination: _____
 Year Of Examination: _____ Index No. _____

Marks Attained In Examinable Subjects

English: _____ Maths: _____ Science: _____ Social Studies & Religion: _____ Kiswahili: _____
 Total Marks: _____ Mean Grade: _____

State Name Of The Secondary School Admitted To

Name: _____
 Address: _____ County: _____

PART 3: PARENTS' DETAILS

Father

Name: _____
 ID Number: _____ TSC./PF Number: _____

Mother

Name: _____
 ID Number: _____ TSC./PF Number: _____

Parents' Last Working Station

Name Of Institution: _____
 Postal Address: _____ Code: _____ County: _____

PART 4: GUARDIAN'S DETAILS

Name: _____
Id Number: _____ Relationship: _____ Occupation: _____
Postal Address: _____ Code: _____ County: _____
Mobile Number: _____

PART 5: RECOMMENDATIONS

WE REQUEST YOU TO GET A RECOMMENDATION FROM THE FOLLOWING:

(You can get a recommendation letter from the indicated officer(s) or use the space below for the recommendation. In either case the recommendation must bear an official stamp from the officer)

A) Head Teacher of your Previous Primary School: _____

County: _____ Signature: _____ Date: _____ DD/MM/YYYY

B) Your Chief Or Assistant Chief: _____

County: _____ Signature: _____ Date: _____ DD/MM/YYYY

C) Bishop/Pastor/Priest/Khadhi: _____

County: _____ Signature: _____ Date: _____ DD/MM/YYYY

PART 6: FOR OFFICIAL USE ONLY:

D) Branch Chairman's Recommendation: _____

County: _____ Signature: _____ Date: _____ DD/MM/YYYY

E) Scholarship Committee's Recommendation: _____

Signature: _____ Date: _____ DD/MM/YYYY