

## TVET/HIGHER EDUCATION SCHOLARSHIP APPLICATION FORM

**This form must be completed by the Applicant, Guardian, Local Administrator, and School Principal.**  
*Incomplete applications **will not** be accepted. Forged documents will lead to automatic **disqualification**. Submission of this application does **not** guarantee payment of school fees.*

### PROGRAM OVERVIEW

The Hope Educational Empowerment Program (HEEP) focuses on capacity building and empowerment through secondary school scholarships, hands-on-training in entrepreneurship training, soft skills, and technical-vocational training as well as providing mentorship and network opportunities. Upon enrollment and successful completion of this program, participants will transition to secondary school and sustain themselves through the course, acquire technical vocational skills for employments, have a clear and better understanding of entrepreneurship and skills needed to start and grow their own businesses among others (self-employments). The participants will be mentored and supported to start their own business.

HEEP targets vulnerable adolescents and youth (ages 13–25) in informal settlements within Nairobi and Uasin Gishu counties, who lack fees and support to transition to and through secondary school and those who have been completed primary and or high school and are unable to join college, and who have a passion for vocational training, entrepreneurship and a desire to make a positive impact in their communities.

#### Required Attachments:

- 1. Stamped and signed *school fee structure* for the upcoming year
- 2. Stamped statement of previous year's fee arrears and balance due (if any)
- 3. Copy of most recent *progress report/KCSE Certificate* or admission letter stamped and signed by the school.
- 4. Birth Certificate/ Death Certificate and any recommendation letter

### SECTION A: TO BE FILLED BY THE APPLICANT

Serial No: \_\_\_\_\_

1. Student's Name: \_\_\_\_\_ 2. DoB: \_/ \_/ \_ \_ 4. Location: \_\_\_\_\_  
5. Ward \_\_\_\_\_ 6. Sub-County \_\_\_\_\_ County: \_\_\_\_\_  
7. Status:  Total Orphan  Partial Orphan  Vulnerable Child  Child-Headed House

#### Current Residence

County.....Sub-County..... Location..... Area.....

### SECTION B: FILLED BY THE PARENT/GUARDIAN/CHILD HEAD (CH)

1. Name of Parent/Guardian/CH: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Alternative Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
2. Relationship to applicant:  Mother  Father  Grandparent  Aunt  Uncle  Sibling  
 Neighbor  Guardian  Self  Other (*specify*) \_\_\_\_\_  
3. Total number of children in Household by school level:  Pre-unit \_\_\_\_\_  Primary \_\_\_\_\_  Secondary \_\_\_\_\_  
 Tertiary \_\_\_\_\_  At Home \_\_\_\_\_  
4. How much is the family committing to pay this academic year? Ksh. \_\_\_\_\_ (Must be filled)  
5. How much are they likely to secure from *other* sources? Ksh. \_\_\_\_\_ 6. Total fees requested? Ksh. \_\_\_\_\_  
7. What is/are the household's source(s) of income? (*tick all that apply*)  
 Casual Labor  Farming  Fishing  Sell vegetables  Sell goods  Sell Services  Shop owner  
 Formal Employment (*specify*) \_\_\_\_\_  Other (*specify*) \_\_\_\_\_

**ADDITIONAL STUDENT INFORMATION**

1. Which vocational training college or secondary school is the applicant set to get admitted?

.....

2. What technical skill is the applicant applying for? (Tick appropriately)

- |                                 |                          |                       |                          |
|---------------------------------|--------------------------|-----------------------|--------------------------|
| Motor Vehicle Technology        | <input type="checkbox"/> | Electrical Technology | <input type="checkbox"/> |
| Food Processing Technology      | <input type="checkbox"/> | Fashion and Design    | <input type="checkbox"/> |
| Hairdressing and Beauty Therapy | <input type="checkbox"/> | Building Technology   | <input type="checkbox"/> |

Other state: .....

3. State the main reason for applying for this specific scholarship/program enrollment;

.....

4. How did you hear about Hope for Kenya Slum Adolescents Initiative (HKSAI) /HEEP?

.....

5. Describe yourself in 250 words or less.

.....  
.....  
.....

6. How will this opportunity help you impact your life and society?

.....

7. Do you have other professional skills? If so please state and describe)

.....  
.....

**DECLARATION**

**I declare that I have read this form/ this form has been read to me and the information given herein is true and to the best of my knowledge.**

**Applicant Signature:** .....

**Parents/guardian Signature:** .....

**Date:**

**Date:**

**SECTION C: TO BE FILLED BY THE LOCAL ADMINISTRATION (CHIEF/ASSISTANT CHIEF)**

1. Do you know the applicant? Yes No If yes, for how long? \_\_\_\_\_

2. Do/did you know the applicant's parent(s)? Yes No If yes, for how long? \_\_\_\_\_

3. Do you verify that the information in **SECTION B** is correct? Yes No Not Sure

4. In your opinion, is parent/guardian able to provide for the child's school fees? Full Partial None

5. Provide your objective assessment of the applicant: \_\_\_\_\_

6. Chief/Asst. Chief's Name: \_\_\_\_\_ 7. Location: \_\_\_\_\_

8. Ward: \_\_\_\_\_ 9. Sub-County: \_\_\_\_\_ County: \_\_\_\_\_

10. Signature: \_\_\_\_\_ Stamp: ⇨  Date: \_\_\_\_\_

*Please note that it is an offence to provide false information in this application form.*

**SECTION D: TO BE FILLED BY THE PRINCIPAL or HEAD TEACHER**

1. Name of student as per school record: - \_\_\_\_\_

2. Name of School \_\_\_\_\_ 3. School Contact: \_\_\_\_\_

4. School Bank \_\_\_\_\_ A/C Name: \_\_\_\_\_

5. Bank Account No. \_\_\_\_\_ Branch \_\_\_\_\_

6. Class: **YEAR** 1 2 3 4

7. Admission No. \_\_\_\_\_ 8. Year of Admission \_\_\_\_\_

9. Has the applicant been out of school due to school fee problems? Yes No If yes, for how long? \_\_\_\_\_

10. Total Fees payable for the year: \_\_\_\_\_ 11. Outstanding arrears to date (if any): \_\_\_\_\_

12. Comment on Student's prospects for support from other agencies \_\_\_\_\_

\_\_\_\_\_

13. Describe applicant's academic performance? \_\_\_\_\_

\_\_\_\_\_

14. Any other comments \_\_\_\_\_

\_\_\_\_\_

15. Principal/Head Teacher Signature/Stamp \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION FOR OFFICIAL USE ONLY**

<b>AMOUNT REQUESTED:</b> _____	<b>APPROVED AMOUNT:</b> _____
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**REJECTED (reason):** \_\_\_\_\_

**REVIEW/APPROVAL PROCESS:**

*Recruiting officer Comment:* \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Program officer (Review) Comment:* \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Finance Office (Review):* \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DIRECTOR (APPROVAL):** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Stamp: \_\_\_\_\_