

STATE DEPARTMENT FOR BASIC EDUCATION ELIMU SCHOLARSHIP PROGRAMME - REFUGEES

FORM A: APPLICATION FORM (2024)

DATA PROTECTION OVERVIEW

In accordance with the Data Protection Act, 2019, and Regulations as amended and reviewed from time to time (Data Protection Laws) The Jomo Kenyatta Foundation (JKF) is a Semi-Autonomous Government Agency under Kenya's Ministry of Education. JKF is collecting consent from the parent(s) or guardians, on behalf of the applicants as minors to ensure compliance. JKF is committed to protecting the privacy and security of personal information. The Privacy Notice explains how we collect, use, and disclose personal information in connection with Elimu Secondary School Scholarship Program.

Information we collect

JKF will collect the following types of personal information through application forms provided by JKF:

- Contact Information: Names, Addresses, Phone numbers and e-mail addresses.
- Demographic information: Date of birth, gender, health status and other relevant demographic details.
- Academic Information: Education background, grades and other academic records.
- Program Participation Information: Data related to participation in the Elimu Program, including attendance, performance, sibling information and referrals.

How we use your information

JKF uses your personal data for the following purposes:

- Program Administration: To manage and administer the Elimu program, including fair scholarship distribution and academic support.
- Communication: To communicate with participants, parents or guardians regarding program updates, events and relevant information.
- Research and Reporting: To conduct research and generate reports to improve the effectiveness of the program.
- Compliance: To comply with Legal and Regulator requirements.
- Sensitive Personal Data
- JKF collects health information, property details, family details including names of the person's children, parent(s), guardians, spouse or spouses and gender. Under the Data Protection Laws, these data categories are termed as sensitive personal data.

JKF uses your sensitive personal data for the following purposes:

- Program Administration: Your health information, gender and family details are collected and used to ensure fair scholarship distribution.
- Home Visit: To conduct follow up visits, if successful after the interview. The visits are structured to be impromptu, without the knowledge of the applicants to avoid instances of fraudulent applications.

Information Sharing

We may obtain and/or share personal information:

- JKF may obtain additional information concerning the applicant's education and financial records, as needed, to complete this scholarship application.
- JKF may also communicate and release information to others who are involved in making decisions relating to the applicant's
 educational plans, including, and not limited to their previous and future schools, referees named in this form, and the
 Ministry of Education.
- JKF may also share personal information with the donors, certified counsellors, psychological and medical service providers, and mentors.

Data Security

JKF implements adequate technical and organizational measures to protect personal information from accidental or unlawful destruction, loss, alteration, unauthorized disclosure of, or access to personal data.

Data Transfers & Cross-Border Transfers

Once the forms are received, the data is transferred to the JKF Data Management Information System. The physical forms are then archived based on JKF Policies.

In the course of our operations, personal data may be transferred to entities located outside Kenya. Such transfers could be necessary to provide oversight to our donors, who are located outside the country. JKF takes measures to ensure that your data remains adequately protected and that these transfers comply with the Data Protection Act, 2019.

Applications Data Subject Rights

Applicants can exercise their rights to access, rectify, erase, restrict processing, data portability, object and in relation to automated decision making and profiling by sending a request to: *info@jkf.co.ke*

We may, however, continue to process the data where we have a legal basis of processing.

CONSENT FROM THE PARENT(S) or GUARDIAN

I,....., hereby provide my consent to JKF for processing of my sensitive personal data for the purposes described above.







INSTRUCTIONS/GUIDELINES

- This form is given FREE OF CHARGE by the The Jomo Kenyatta Foundation
- The information provided in this form is intended to help **The Jomo Kenyatta Foundation** Scholarship Advisory Committee understand the applicant's academic and financial position for the purpose of assessment for scholarship award.
- This application form must be filled in accurately and completely in CAPITAL LETTERS.
- On being called for an interview, the applicant must bring the originals of all documents attached.
- All incomplete or inaccurately filled in forms will be automatically rejected.
- Copies of ALL DOCUMENTS required must be provided by the applicant. Any applications without relevant documents will be rejected.
- Canvassing will lead to automatic disqualification.
- The completion and submission of this form is not a guarantee for sponsorship.
- Any false statements, omissions or forged documents will lead to automatic disqualification.
- The Jomo Kenyatta Foundation reserves the right to make the final determination of scholarship beneficiaries.
- Only 2023 KCPE candidates will be considered.
- The filled in application form should be submitted to your **Sub-County Education Office**. The application can also be done online through the following link: https://scholarship.jkf.co.ke
- Every part of this form must be filled in. Failure to do so makes this application form incomplete and therefore renders the
 applicant ineligible for the scholarship.

PART A: APPLICANT'S PERSONAL DETAILS

PERSONAL DATA

Full Name of Applicant		
First/Baptismal:	_ Middle:	Surname/FamilyName:
Gender: Male Female Date of Birth:	D D M M Y Y	YY
UNHCR Individual Number		Registration Group Number
Please attach copy of manifest		
Nationality:	Physical Ad	dress (home location)
Camp Name:		
Postal Address: P.O. Box:	Town / City:	Postal Code:
Tel / Mobile No.:	Alterna	ative Mobile No.:
Physical Address: County :	Su	b-county:
Village/ Area Number:	Compound/:	Zone Number:
Neighbourhood/ Block Number:	Но	ousehold/Group Number:
ACADEMIC INFORMATION		
Name of Primary School Attended		
Postal Address: P.O. Box:	Town/City:	Postal Code:
Tel/ Mobile No.:	Alter	native Mobile No.:
Physical Address: County:		_Sub-County:
Village/ Area Number:	Compound/	Zone Name and Number:
Naighboumbood/Dlack Numbon	11.	aug ah ald/Craun Nurahan







KCPE Index No.:	KCPE M	arks:				
(Attach copy of result slip certified by your headteacher)						
Year sat for KCPE: Have you attempted KCPE in previous years? Yes No						
If yes, how many times and wh	ny?					
Please indicate the KCPE scor	res attained for previous years:					
Have you repeated any class	(1-8) while in primary school? Yes 🗌 No	If yes, which one(s)?				
PART B: APPLICANT'S	S FAMILY INFORMATION					
PARENT'S INFORMAT	FION					
1. (a) Father's Full Name						
First Name:	Middle Name:	Surname:				
UNHCR Individual Number		Registration Group Number				
Living: Deceased:	[If deceased, please attach copy of death / b	urial certificate]				
Physical Address: County:		Sub-County:				
		Compound/Zone Number:				
Neighbourhood/ Block Numb	per:	_ Household/Group Number:				
Postal Address: P.O. Box:	Town / City:	Postal Code:				
Tel / Mobile No.:						
Source of Income:						
(b) Not Applicable						
2. (a) Mother's Full Name						
First Name:	Middle Name:	Surname:				
UNHCR Individual Number		Registration Group Number				
Living: Deceased:	[If deceased, please attach copy of death / bu	urial certificate]				
Camp Name:	Village/ Area Number:	Compound/Zone Number:				
	ver:	_ Household/Group Number:				
Physical Address: County:		Sub-County:				
Postal Address: P.O. Box:	Town / City:	Postal Code:				
Tel / Mobile No.:						
Source of Income:						
(b) Not Applicable Are your parents living togeth	ner? Yes No No					
GUARDIAN INFORMAT	TION (If not living with your pare	ents)				
First Name:Surname:						
UNHCR Individual Number		Registration Group Number				
Relationship with Student / Ap	pplicant:					
Physical Address: County:		Sub-County:				
Camp Name:Village/ Area Number: Compound/Zone Number:						
Neighbourhood/ Block Number: Household/Group Number:						
Postal Address: P.O. Box:	Town:	Postal Code:				
Tel / Mobile Number:						



Source of Income:





SIBLING(S) INFORMATION

List all your brothers and sisters starting with the oldest and state what each is doing in life.

(If working, describe job and monthly salary; if in college or university, state; if in school, state the form or class; and if in training, describe it).

	Name	Age	School/Employer	Class/Position in employment	Monthly salary
1					
2					
3					
4					
5					
6					
7					
8					_

PART C: APPLICANT'S EVIDENCE OF NEED

APPLICANT'S INFORMATION

Indicator	Description			
Why are you applying for a scholarship?				
Have you received any financial support/bursaries in the past?				
If so, please provide details.				
Do you suffer from any physical impairment (disability) or any other form of disability? If yes, are you registered with the National Council for Persons with Disabilities? Attach certificate				
Do you suffer from any chronic illness? If yes, kindly describe and provide evidence.				
Are you entitled to any form of inheritance from your parents/guardians/any other source? Describe.				
Who do you live with? Parent(s) Guardian(s) Other Specify				

PARENT / GUARDIAN INFORMATION

Indicator	Father / Male Guardian	Mother / Female Guardian	Other, specify:
Age of your parents/guardians?			
Does any of your parents have any form of disability? If yes, describe the disability.			
Does any of your parents/guardians suffer from a chronic disabling medical condition? If yes, describe.			
Are you living with both parents? If not, explain why.			
Are your parents / guardians employed? If yes, give details of job and salary per month. Attach Payslip			
Do your parents/guardians own a business? If yes, describe and show the average monthly income. Bank Statement			







Do your parents/guardians own land/plot? State	Land size	 e:
number of acres, type of crops grown, number of cows/ sheep/goats/donkeys and income from such assets:	List crop	s:
	Annual ir	ncome:
	List lives	tock:
	Annual ir	ncome:
Do your parents/ guardians have any other assets or sources of income, including casual labour? If yes, indicat the approximate monthly income:	е	
FAMILY INFORMATION		
Indicator		Description
Has your family been affected by civil conflict or natural disasters such as displacement, flooding, drought, fire or famine? If yes, describe:		
What type of house do you live in? Give description such as thatched, iron sheet, cemented, etc.:	s grass	
Please describe any other cause of disadvantage or vulne	rability?	
(SKETCH A DIRECTIONAL MAP TO YOUR HOME FROM	M THE NE	FAREST I ANDMARK)
INDICATE CLEARLY THE BLOCK NUMBER AND YOU		
Part D: How did you first learn about the Eli	i <mark>mu Sc</mark> h	olarship Programme?
(Please mark only one)		
☐ School – teacher, principal or counselor (give name)		
$\ \square$ Church, mosque or synagogue (specify name)		
$\ \square$ Friends, parent, guardian or relative		
☐ Internet (specify site)		
☐ Radio or TV (specify)		
☐ Newspaper or magazine (specify)		
☐ Social networks such as Facebook, Twitter or WhatsApp	(specify)	



☐ Others (specify): _____





PART E: DECLARATIONS	
APPLICANT'S DECLARATION	
I,	o obtain such additional information concerning my nip application. I also authorise The Jomo Kenyatta ers who are involved in making decisions relating to ls, referees named in this form and the Ministry of
Signature:	Date: D D M M Y Y Y Y
PARENT'S / GUARDIAN'S DECLARATION I confirm that the above information is true to the best of my knowledge and I am awa application will not be considered and will lead to automatic disqualification. On befoundation or its representatives to obtain such additional information concerning needed to complete this scholarship application. I also authorise The Jomo Kenyat communicate and release information to others who are involved in making decision including but not limited to their previous and future schools, referees named in the	nalf of my child, I authorise The Jomo Kenyatta g this applicant's education and financial records as ta Foundation and its representatives to ns relating to this applicant's educational plans
Parent's/Guardian's Name:	
Signature: If you wish to provide additional information, please attach a separate piece of paper	Date: D D M M Y Y Y Y r.
PART F: RECOMMENDATIONS	
This part must be completed by the relevant authorities indicated. Any false information	ation will lead to disqualification.
1. Primary School Head Teacher	
Please report on the above named applicant's performance, conduct, special intereconsidered for the Elimu Scholarship Programme under The Jomo Kenyatta Found How long have you known the candidate / family?	dation
Report on any special interests or talents the child may have e.g. Leadership, Sport	s, Arts, Music, etc:
Rate the candidate's financial ability: Very Rich Rich Middle Incord I have reviewed the information given in this form and believe it to be truthful. The action my knowledge and / or inquiries, I affirm that he / she is needy /vulnerable. Plea	above named student attended my school and based







Name:	Signature & Off	icial Stamp:	Date:	D D M	M Y Y	YY
Postal Address: P.O. E	Box:	Town / City:		Postal Code:		
Telephone No.:						
-	r/Block Compound Leade					
	own the candidate / fami					
Rate the candidates fi	nancial ability: Uer	y Rich Rich Middle	Income Poor		7	
	0 1 1	Yes		No	-	
	Orphaned				-	
-	Parents / Guardians are	employed			-	
	Any additional information	on, explain:				
		rm and believe it to be truthful. d/or inquiries, I affirm that she/			ent of my	
Name:	Signature & Off	icial Stamp:	Date:	D D M	M Y Y	YY
Postal Address: P.O. E	Box:	Town / City:		Postal Code:		
Telephone No:						
3. Religious Leader (Bishop, Pastor, Priest, Ir	nam, etc.)				
How long have you kn	own the candidate / fami	ly?				
Rate the candidate's f	inancial ability: 🔲 Very	Rich Rich Middle In	come Door	Very Needy		
I have reviewed the inf	formation given in this for	m and believe it to be truthful. B wing facts about his/her circum	ased on my knowl		ies, I affirm t	that this
Name:	Signature &	Official Stamp:	Da	te: D D M	M Y Y	YY
Postal Address: P.O. E	Box:	Town:		Postal Code:		
Telephone No.:						
Camp Name:		Village/ Area Number:	Compo	und/Zone Number	r	
Neighbourhood/ Bloc	k Number:	Hous	sehold/Group Nun	nber:		

NB: If a family is found to have misrepresented their circumstances, the scholarship will be terminated and they will be required to refund fees paid and other funds spent on them.





