

SCHOLARSHIP APPLICATION FORM

INSTRUCTIONS/GUIDELINES

- The information provided in this form is intended to assist the Galana Energies Limited Scholarship Selection Board understand the applicant's academic and financial background for the purpose of assessment for the scholarship award.
- 2. This application form must be filled accurately and completely. Any incomplete or inaccurately filled forms render the applicant illegible for scholarship.
- 3. If called for the interview, the applicant must bring the following original documents together with this application form:
 - a. An original and copy of the KCPE Result slip.
 - b. An original and copy of the secondary school admission letter.
 - c. A passport size photograph attached to this application form.
 - d. An original and copy of the birth certificate.
 - *Galana Energies Limited will not retain any original documents.
- 5. Copies of all documents required must be provided by the applicant. Any applications without the relevant documents will be rejected.
- 6. Canvassing will lead to automatic disqualification.
- 7. Any false statements, omissions or forged documents will lead to automatic disqualification.
- 8. Galana Energies Limited reserves the right to make the final determination of scholarship beneficiaries. The completion and submission of this form is not a guarantee for sponsorship.

ELIGIBILITY OF THE APPLICANT

- 1. Should have been admitted to a National or Extra County School.
- 2. Should be from a very needy home or family.
- 3. Should be willing to participate in an interview.
- 4. Should have sat for their KCPE exams in 2023.
- 5. The applicant should have scored a minimum of 390 marks in their 2023 KCPE examination.

PART A:	
ATTACH THE APPLICANT'S PHOTO HERE	
PART B: APPLICANT'S PERSONAL DETAILS	
PERSONAL DATA	
Full name of applicant:	
Gender: Male Female	Date of birth
*(Attach copy of birth certificate)	
Mobile No.	Alternative Mobile
Physical Address: County	Sub-County:
Ward:Location:	Sub-Location:
Family status (Both parents/ Single parent/ Orphan):	
ACADEMIC INFORMATION Name of Primary School Attended	
P.O. Box: Postal Code	Town/City:
Tel No.	Alternative Tel Number
Physical Address: County	Sub-County:

Ward: _____ Location: ____ Sub-Location: ___

KCPE Index No. KCPE Marks
*Attach a copy of the result slip and bring the original to the interview.
Year sat for KCPE: Have you attempted KCPE in previous years? Yes: No:
If yes, how many times & Why:
Please indicate the KCPE Scores attained for previous Years
Secondary school admitted to*Attach a copy of the admission letter to a public secondary school and bring the original to the interview.
PART C: APPLICANT'S FAMILY INFORMATION
PARENT'S INFORMATION
Father's Full Name:
ID No. Living Deceased *If deceased, please attach copy of death/burial certificate
Physical Address: County Sub-County:
Ward: Location: Sub-Location:
Postal Address: P.O. Box: Town/City:
Postal Address: P.O. Box: Town/City:
Postal Address: P.O. Box: Town/City: Town/City: Postal Code: Telephone/Mobile No.
Postal Address: P.O. Box: Town/City: Telephone/Mobile No.
Postal Address: P.O. Box: Town/City: Town/City: Postal Code: Telephone/Mobile No.
Postal Address: P.O. Box: Town/City: Postal Code: Telephone/Mobile No. Occupation: Mother's Full Name: ID No. Living Deceased *If deceased, please attach
Postal Address: P.O. Box: Town/City: Postal Code: Telephone/Mobile No. Mother's Full Name: Deceased *If deceased, please attach copy of death/burial certificate
Postal Address: P.O. Box: Town/City: Postal Code: Telephone/Mobile No. Occupation: Mother's Full Name: ID No. Living Deceased *If deceased, please attach copy of death/burial certificate Physical Address: County Sub-County:
Postal Address: P.O. Box: Town/City: Postal Code: Telephone/Mobile No. Occupation: Mother's Full Name: ID No. Living Deceased *If deceased, please attach copy of death/burial certificate Physical Address: County Sub-County: Ward: Location: Sub-Location:

GUARDIAN INFORMATION (If not living with the parents)							
ID No.		Relations the appli	•	h 			
Physical Address:	Cou	ınty		Suk	o-County	y:	
Ward:Lo	cation:			Sub-Lo	ocation: .		
Postal Address: P.O. Box:		To	wn/City	/:			
Postal Code:							
Occupation:							
DETAILS OF FAMILY CIRCUMSTANCES							
	Father			Mother		Guardian	
Name							
Age							
	Yes (tick)	No (tick)		Yes (tick)	No (ticl	k) Yes (tick)	No (tick)
Do any of your parents have any form of disability?							
Are you living with both parents?							
Do your parents or guardians own land/plot?							
Do your parents/guardians have any other assets or sources of income including casual labor?							
SIBLING INFORMATION List all your brothers and sisters starting with the oldest and state what each is doing: -							
Name	Ag	le	High S	chool Atten	ded	Occupation	

KETCH A DIRECTIONAL MAP TO THE HOME FROM THE NEAREST LANDMARK					

PART D: APPLICANT'S EVIDENCE OF NE	EED
Section 1	
Who do you live with?	Parent Guardian Other(Specify)
Indicator	Description
Why are your applying for a scholarship	
Have you received any financial support or bursaries in the past? Please provide details.	
Briefly explain below why the	family cannot afford to pay the applicant's school fees: -
Name	
Relation to the applicant:	
Signature:	Date:
ID No.	Mobile No

Section 2 **Recommendations**

Confirmation and rec	commendation by Primary School	ol Headmaster/Headmistress
a pupil in my school. I		(Name of pupil) was ow been admitted into the National/Extra County orm.
I recommend that this	s pupil be supported by Galana I	Energies Limited on the following grounds:
Family Circumstances	3	
Leadership potential_		
Character/ Conduct _		
Headmaster/Headm	istress Signature	School Stamp
Headmaster / Headm	istress Name	
Date		
ID No	Mobile No:	
TSC No		
of the family and/or in	•	believe it to be truthful. Based on my knowledge following recommendation regarding the needy
	Position	
Name	Date	
ID No		
Mobile No:		
Organization		Stamp:

Recommendation by a local leader (Chief or Sub-Chief)

I have read the information provided in this form and believe it to be truthful. Based on my knowledge of the family and/or inquiries I have made I make the following recommendation regarding the needy circumstances and conduct of the applicant:.

Please include a brief	summary of your recommendat	ion.	
Signature	Position		
	Date		
MODIIE NO.		<u> </u>	
		Stamp:	

Part E: How did you first learn about the scholarship program
A Delta / Galana Energies Service Station
School-Teacher, Principle, Counselor
Religious institutions, -Church, Mosque, Synagogue
Parents, Guardians or Relatives
Website
Others (Specify)
PART F: APPLICANT'S DECLARATIONS
I,
Signature Date
PARENT'S/GUARDIAN'S DECLARATION I,confirm that the information provided is true to the best of my knowledge and I am aware that giving false representation will mean that my application will not be considered and will lead to automatic disqualification. On behalf of my child, I authorize Galana Energies Limited or its Representatives to obtain such additional information concerning this applicant's education and financial records as needed to complete this scholarship
application. I also authorize Galana Energies Limited and its representatives to communicate and release information to others who are involved in making decisions relating to the applicant's educational plan including and not limited to their previous and future schools, referees named in this form and the Ministry of Education.
SignatureDate

^{*}If you wish to provide additional information, please attach a separate piece of paper

CONTACTS

For any questions or grievances regarding the application process of the Galana Energies Limited scholarship 2023, please contact;

Tel: +254-20-4934000 / 0709497000 Email: info@galanaenergies.com

APPROVAL NOTES (For official use by Galana Energies Limited only)						