

# **USERNAME FOUNDATION - APPLICATION FORM**

#### **Guidelines / Instructions**

- · This form MUST be completely filled and accurate.
- All incomplete / inaccurate filled forms will be automatically rejected.
- The information provided must be truthful, any false statements, omissions or forged documents will lead to automatic disqualification at application level or at any point during the duration of the scholarship.
- · Copies of all documents required must be provided. Any application without relevant documents will be automatically rejected.
- The application is Free of charge, The forms are given at no fee by Username Foundation. No form of bribe will be accepted.
- · Only 2019 KCPE candidates will be considered

### PART 1

#### APPLICANT'S INFORMATION

First Name:		Middle:		Surname:
Gender: Male 🔲	Female	Date of Birth:	D D M M M M	YY
Physical Address:	:			
County:	_ Sub-County:_		Location:	Sub-Location:
Telephone Numbe	er:	Alt	ernative Phone N	umber:
ACADEMIC INFOR		· KCPE:		
Marks scored in K	(CPE	out of 500	). KCPE Index nui	mber :
(Please attach the KCPE document)	e KCPE result sl	ip or any certifie	d documents to p	prove before attaining the
Year sat for KCPE	:			
Postal Address:_	Tow	n/City:	Postal Co	de:
Secondary Schoo	I to be admitted	d:		



(Please attach a copy of the admission letter to the public secondary school and a copy of the fee structure, if qualified to the interview session you will be required to come with original documents for authentication)

Telephone Number:	Alterna	tive Phone Number:
PART 2		
FAMILY BACKGROUND		
FATHER'S DETAILS:		
First Name:	Middle:	Surname:
ID Number:		
Living Deceased		
(Please attach any document	ts to support this eg. Deatl	n/Burial certificate for deceased)
Mobile Number:		
Source of Income:		
MOTHER'S DETAILS:		
First Name:	Middle:	Surname:
ID Number:		
Living Deceased		
(Please attach any document	ts to support this eg. Deatl	n/Burial certificate for deceased)
Mobile Number:		_
Source of Income:		



### **GUARDIAN'S DETAILS (IF NOT LIVING WITH PARENTS):**

First	Name:	Middle:			_Surname:	
ID Nu	ımber:					
Relat	ionship with the	applicant:				
Mobi	le Number:					
Sour	ce of Income:				-	
SIBL	NGS INFORMAT	ΠΟΝ:				
	NAME		AGE	STUDENT/ EMPLOYED		CLASS/ POSITION OF EMPLOYMENT
1.						
2.						
3.						
4.						
5.						
6.						
7.						
Pleas	ment of need/s				ian cannot af	ford to pay for your
					/	
					7	



RECOMMENDATIONS	
The primary school head teacher	
I confirm that the applicant by the nameschool.	was a pupil in my primary
I also confirm that he/she scored mark	s out of 500 in the KCPE.
I recommend that this student be supported by U	Jsername Foundation on the following grounds:
Background/ Family status	
School performance and discipline	
Head teacher's name:	
Signature and stamp:	
Date: Teleph	one number:



# Recommendation by a local leader (Local chief/elder)

	vided in this form. Based on my knowledge/ir eant, I make the recommendation based on th round:	
Name:	Position:	
Signature/Stamp:	Date:	
Mobile Number:		
Recommendation by a spiritual	leader (Priest, Pastor, Bishop, Imam etc )	
· · · · · · · · · · · · · · · · · · ·	vided in this form. Based on my knowledge/ir eant, I make the recommendation based on th ound:	•
Name:	Position:	
Signature/Stamp:	Date:	
Mobile Number:		



### PART 4

## For Offical use only

	REMARKS	
Interviewer 1	Name: Signature: Date:	
Interviewer 2	Name: Signature: Date:	
Interviewer 3	Name: Signature: Date:	
Summary Remarks		
Application Status		
Approved ☐ Disapproved ☐		
Official Stamp		