PART E: DECLARATIONS APPLICANT'S DECLARATION

I, declare that the information	on given above is true to the best of my knowledge and
am aware that giving false representation will mean that my application will not	be considered and will lead to automatic disqualificatior
I authorise Equity Group Foundation or its representatives to obtain such additio	nal information concerning my educational program an
financial records as needed to complete this scholarship application. I also auth	
communicate and release information to others who are involved in making deci	
limited to my previous and future schools, referees named in this form and the N	
I commit myself to working hard and posting excellent results throughout my se	·
rediffiniting set to working hard and posting excellent results throughout my se	contaily school course.
Signature:	Date: D D M M Y Y Y Y
	Date.
PARENT'S / GUARDIAN'S DECLARATION	
I confirm that the above information is true to the best of my knowledge and I am	aware that giving false representation will mean that th
application will not be considered and will lead to automatic disqualification. On	behalf of my child, I authorise Equity Group
Foundation or its representatives to obtain such additional information concer	ning this applicant's education and financial records a
needed to complete this scholarship application. I also authorise Equity Group	Foundation and its representatives to communicate an
release information to others who are involved in making decisions relating to th	is applicant's educational plans including and not limite
to their previous and future schools, referees named in this form and the Ministra	ry of Education.
Parent/Guardian Name:	
Signature:	Date: D D M M Y Y Y Y
If you wish to provide additional information, please attach a separate piece of p	арег.
PART F: RECOMMENDATIONS	
	mation will load to disqualification
This part must be completed by the relevant authorities indicated. Any false info	mation will teau to disquatification.
1. Primary School Head Teacher	
Please report on the above named applicant's performance, conduct, special int	erests and talents. Also explain why he / she should be
considered for the Elimu Scholarship Programme:	
How long have you known the candidate / family?	
My school has pupils who sat for KCPE and in the most recent tests sat	by the applican before sitting for KCPE, this applicants
position was no overall and attained marks out of 500.	
Report on any special interests or talents the child may have e.g. Leadership, Sp	ports Arts Music etc.
	or is, Airs, Music, etc.
Rate the candidate's financial ability:	ncome Poor Very Poor
I have reviewed the information given in this form and believe it to be truthful. To on my knowledge and / or inquiries, I affirm that he / she is needy /v ulnerable. I	





FLIMU SCHOLARSHIP PROGRAMME = 202

Name:	Signature & Official Stamp:	Date:	D D M M	YYYY	
Postal Address: P.O.	Box: Town / City:		Postal Code:		
Telephon No.:					
	nent Administration (Chief) known the candidate / family?				
Rate the candidates	financial ability: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	le Income Poor	Very Poor		
	Orphaned Ye	·s	No		
	Parents / Guardians are employed				
	Parents / Guardians				
	Any additional information, explain:				
I have reviewed the information given in this form and believe it to be truthful. The above named student is a resident of my Location / Sub-Location. Based on my knowledge and / or inquiries, I affirm that she / he is needy / vulnerable.					
		,			
Name:	Signature & Official Stamp:	Date:	D D M M	YYYY	
Postal Address: P.O.	Box: Town / City:		Postal Code:		
Telephon No.:					
3. Religious Leader (Bishop, Pastor, Priest, Imam, etc.)					
How long have you k	nown the candidate / family?				
Rate the candidate's financial ability: Very Rich Rich Middle Income Poor Very Needy					
I have reviewed the information given in this form and believe it to be truthful. Based on my knowledge and/or inquiries I affirm that this student is needy / vulnerable based on the following facts about his / her circumstances.					
Name:	Signature & Official Stamp:	Date:	D D M M	YYYY	
Postal Address: P.O.	Box: Town:		Postal Code:		
Telephon No.:					

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.



