

# Application Form

The Family Group Foundation Program

2024

## Applicant's Personal Information

First Name	Middle Name	Surname
Birth Certificate No	Date of Birth	Gender
County of Residency	Constituency	Ward
Village	Sub-Location	Location
Primary School Attended	Primary School index No	KCPE Overall Performance (Marks)

## Applicant's Biological Parents Information

Father's First Name	Father's Middle Name	Father's Surname
ID Number	Contact/Telephone Number	Nationality
Source Of Income	Average Income Per Month	

If father is deceased, please attach certified copy of Death Certificate.

Mother's First Name	Mother's Middle Name	Mother's Surname
ID Number	Contact/Telephone Number	Nationality
Source Of Income	Average Income Per Month	

If mother is deceased, please attach certified copy of Death Certificate.

## If your parents are not your primary guardians, please complete the table below:

DESCRIPTION	GUARDIAN 1	GUARDIAN 2
First & Last Name		
Relationship To Applicant		
ID Number		
Nationality		
Contact/Telephone Number		
Source Of Income		
Average Income Per Month		

Please provide details of your family in the details below.

NAME OF SIBLING	BIRTH CERTIFICATE NUMBER	I.D. NUMBER	LEVEL OF EDUCATION
1			
2			
3			
4			
5			
6			
7			
8			
9			

Please also indicate how many other dependents are living in the household and your relationship

## DECLARATION:

I confirm that:

- All the information provided herein is complete and the disclosures made are true.
- I am aware that giving false representation will lead to automatic disqualification at any point of the application and/or scholarship process.
- I authorise the Family Group Foundation and its representatives to obtain additional information concerning my educational and financial records as needed to complete this scholarship application.
- I agree to be bound by the Terms and Conditions under which this scholarship shall be extended to me.

Applicant's Name and Signature:

Date:

Parents' / Guardian's Name and Signature:

Date:

Primary School Headteacher Name and Signature:

Date:

## CHECKLIST

- Certified Copy of Original 2023 KCPE Results Slip
- Certified Copy of Applicant's Birth Certificate
- Certified Copy of Father's ID  Certified Copy of Mother's ID  Certified Copy of Guardian's ID
- Certified Copy of Death Certificate
- Certified letter from your local Chief
- Certified letter from your current Primary School Headteacher

Drop your completed Application Form at your nearest Family Bank Branch Application Deadline: 8th December, 2023

In 500 Words, please describe why you are interested in pursuing this particular Scholarship. Provide specific reasons, why you believe you are a deserving candidate . Finally, list any involvement you have held in extracurricular activities, community service and leadership that have positively impacted your personal and academic growth.

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Sketch a directional map to your home from the nearest land mark.



Applicant's Name: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Data Protection Clause

## DATA PROTECTION

Each party to this Scholarship Application acknowledges the importance of protecting the privacy of all information provided by the other party and warrants that in dealing with data collected during the Transaction, they shall at all times strictly comply with the Data Protection Act, 24 of 2019.

The parties hereby agree that in dealing with data collected for the purposes of this relationship, the data shall be used only in accordance with the terms of this Scholarship Application and for purposes connected to the provision of the Transaction, in accordance with the lawful and reasonable instructions of the party providing the data and with the consent of the data subjects.

Each party to this Scholarship Application shall:

- a) Comply with the specific security and data protection obligations imposed on them in terms of applicable data protection legislation; and/or
- b) Where applicable comply with the specific obligations imposed on them in terms of the Data Protection (General) Regulations in respect of the specific role they fulfill in terms of providing the services as agreed between the parties; and/or
- c) Take, implement and maintain all such technical and organizational security measures and procedure necessary or appropriate to preserve the security and confidentiality of information in its possession and to protect such confidential information against unauthorized or unlawful disclosure access or processing accidental loss destruction or damage.

The parties undertake and agree not to disclose to any unauthorized person any data compiled, collected or created as a result of their co-operation under this Scholarship Application.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's/ Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

