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## **ZOGHORI FOUNDATION SCHOLARSHIP APPLICATION FORM**

This application form should be completed in full and submitted by every pupil seeking for a scholarship from the ZOGHORI FOUNDATION. Only a candidate who has been admitted to a National or County school and scored the minimum marks should complete this form. Ensure that you complete all items and attach all requested documents.

Please note that any false information will lead to automatic disqualification at application and at any point during the duration of the scholarship

duration of the scholarship	)			
Full name of applicant			Ge	ender
Primary School Index Numb	per:			
Name of primary school (wh		PE):		
P.O. Box	<u>,                                      </u>	Constituency:	County:	
Secondary School admitted	to:			
•	1	a public secondary sch	ool and bring the original to th	e interview)
, a		a passio occosiasily cost	oor arra orinig and originian to arr	,
Family status (Both parents	/single parent/or	phan):		<del></del>
Fill in your KCPE Re called to the intervie		tach a copy of the	result slip and bring the	e original when
		Subject		Grade
Attach a naganart				
Attach a passport photo here				
'				
	Total Marks:			
	Total Marks.			
Family details				
Parent's /Guardian's Nar	ne Age	ge Occupation Other sources of income		Mobile telephone
- Taronto / Guardian o Har	7.90	Осоцраноп	Curer courses or misering	medic telephone
Details of brothers and si	isters			
Name	Age	Current occupation	Other sources of income	Mobile telephone
		·		·
Details of other close rela	atives	1	I.	1
Name	Age	Current occupation	Other sources of income	Mobile telephone

**ZOGHORI FOUNDATION** +254-720-615-062 +254-731-273-560 Email:zoghorifoundation@gmail.com

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Details of family property (e.g. land	d, animals etc)	
Property Description	Size/Quantity/Number	Comments
	I	
STATEMENT OF NEED:	All - C	to many the condition the color of the color
	the family and relatives cannot afford t Y THE APPLICANT'S PARENT OR LE	to pay the applicant's school fees. *Note that this
	THE ATTENANT OF A TRANSPORTER	
<del></del>		
<del>-</del>		
Mobile/Telephone:		
RECOMMENDATIONS / REF	FRENCES:	
Confirmation and recommendatio		
	• •	(name of pupil) was a pupil in my school.
		has been admitted to (name of secondary school
recommend that this pupil be supporte	ed by ZOGHORI FOUNDATION on the	e following grounds:
Family circumstances:		
School performance:		



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Personality/ conduct:				
Headmaster's Name:				
Headmaster's Signature & School stamp:				
Mobile telephone:	ID No:			
	or or Chief)  nd believe it to be truthful. Based on my knowledge of the family and/or  mmendation regarding the family circumstances and conduct of this			
Name:				
	Date:			
	ID No			
Mobile/Telephone:				
Name:				
	Date:			
	ID No			
APPROVAL (for official use by ZOGH				
Recommendation by panelist:	Summary issues:			
Panelist 1 Name & Signature:				
Panelist 2 Name and Signature				
Panelist 3 Name and signature				
APPROEVED OR NOT APPROVED				