

P.O Box 707-50100,
Kakamega.

Milimani Estate, Off State
Lodge Road, At Vaghela
Premises

0727-210532
056-30059

jancered@acceskenya.org

www.acceskenya.org

"ACCES 2 FORM"

African Canadian Continuing Education Society

...fostering social and economic development through education



ACCES COLLEGE/UNIVERSITY SCHOLARSHIP 2022 APPLICATION FORM

Use Hand Print only
within boxes

Good Bad



This application form
can be photocopied

INSTRUCTIONS

Complete **all** sections in **CAPITAL/BLOCK LETTERS** using **black** ink. **Do not** let any letter or digit cross the box. *This form must be filled by the applicant and if any such applicant knowingly or unknowingly makes a false statement relating to any matter affecting the request for a scholarship, shall be **disqualified and blacklisted** by ACCES.* This scholarship **only** applies to bright and needy **undergraduate (KUCCPS)** students in universities and colleges accredited by either KUCCPS or KNEC. Post-graduate students **are not** eligible. Any student wishing to be considered for a scholarship **must** meet the eligibility criteria, submit a fully completed and signed ACCES 2 application form, and include copies of academic certificates and supporting documents as required. This application form must be submitted to ACCES office **by 30th of June, 2022 at 5 p.m.** using the above address, otherwise it will be marked as late and will not be considered for the partial scholarship. **NB: "ACCES 2 FORM" IS NOT FOR SALE.**

Section A - PARTICULARS OF APPLICANT

Full Name

ID Number (Attach a copy of ID Card)

Date of Birth (DD/MM/YYYY)

Permanent Address

Box Number

Gender

Male

Female

Postal Code

Place of Birth

Sub-county

Contact Information

E-Mail

Town

Division

Mobile Telephone Number 1

Sub-county

Location

Mobile Telephone Number 2

Division

Sub-Location

Landline Telephone Number

Ward

Village

Must give a telephone number
plus two other alternatives for
accessibility

Sub-Location

Section B - TYPE OF FAMILY

Number of
People in
Household

Tick all
that apply:

Polygamous

Single Parent

Monogamous

Other
(specify)

NB: "ACCES 2 FORM" IS NOT FOR SALE.

1

Applicant's
Signature

Section C - FAMILY BACKGROUND

Applicant's Status

Total Orphan (Attach copies of death certificates/burial permits)

Partial Orphan (Attach copies of the death certificate/burial permit, for the Parent who has died, and a copy of the ID Card, for the Parent that is alive)

Both Parents Alive (Attach copies of Parent's ID Cards)

Other (Specify if Single parent or separated)

Family Income

	<u>Father</u>	<u>Mother</u>	<u>Guardian(s)</u>
Occupation of Parents, Guardians, or Household Heads (Specify acreage and type of crops)	Farmer <input type="checkbox"/>	Farmer <input type="checkbox"/>	Farmer <input type="checkbox"/>
(Specify type of business and location)	Business <input type="checkbox"/>	Business <input type="checkbox"/>	Business <input type="checkbox"/>
(Specify occupation)	Civil Servant <input type="checkbox"/>	Civil Servant <input type="checkbox"/>	Civil Servant <input type="checkbox"/>
(Specify sector)	TSC <input type="checkbox"/>	TSC <input type="checkbox"/>	TSC <input type="checkbox"/>
(Specify whether NGO, Company or domestic)	Private Sector <input type="checkbox"/>	Private Sector <input type="checkbox"/>	Private Sector <input type="checkbox"/>
	Unemployed <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Unemployed <input type="checkbox"/>

Income Per Month

Family Education

What is the highest level of education that the following people have completed? (Tick one for each person)

How many of your siblings have completed the following school levels?

	<i>Father, Male Guardian, or Male Household Head</i>	<i>Mother, Female Guardian, or Female Household Head</i>	
No Schooling / Pre-School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary School Class 1 - 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary School Class 7 - 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical / Vocational School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Siblings Currently in School
(Attach evidence)

List the names of the institutions your siblings are attending.	What Type of School is it? (Specify if College, Primary, or Secondary - Public or Private and Day, District, Provincial, or National)	Which Class, Form, or Year are they in?

Section D – HOUSEHOLD SITUATION

Tick the response that is most applicable to your household situation:

Number of rooms in the house <i>(Do not count washrooms, toilets, storerooms, or garages)</i>	One <input type="checkbox"/>	Two <input type="checkbox"/>	Three <input type="checkbox"/>	Four or more <input type="checkbox"/>
The nature/type of floor	<input type="checkbox"/>	1.Wood 2. Earth 3. Cement 4. Tiles		
Source of lighting <i>(Fill the number in the box e.g. 2 for dry cell)</i>	<input type="checkbox"/>	1.Purchase/Collect firewood, Grass 2. a Dry Cell(Torch) 3.Parrafin (tin lamp/lantern) 4. Electricity 5. Biogas. 6 Solar panel		
What is the main source of fuel used for cooking in the house	<input type="checkbox"/>	1.Purchase/Collect firewood 2. Charcoal 3.Parrafin 4. Electricity 5.Gas 6. Sawdust		
Does your household own any television sets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes specify <input type="text"/>	

Section E – HEALTH INFORMATION

Health Status of Applicant

Do you have any physical or psychological health issues?

Yes No

If yes, then please answer the following questions and provide medical evidence.

Specify the medical condition: _____

State the degree of the condition: Mild Moderate Severe

How long/often have you had this medical condition? _____

How has this medical condition affected your ability to fund your education? _____

Health Status of Parents, Guardians, Household Heads, and/or Siblings

Do any of your family members have any physical or psychological health issues?

Yes No

If yes, then please answer the following questions and provide medical evidence.

Specify the person(s) and the medical condition(s): _____

State the degree of the condition(s): Mild Moderate Severe

How long/often has this person had this medical condition? _____

How has this person's medical condition affected their ability to fund your education? _____

Section F – APPLICANT’S EDUCATIONAL BACKGROUND

Attach copies of your KCSE Certificate and KCPE Certificate

School Level	Institution Name	School Location	Years Attended (From... - To...)	School Type (Specify if Public or Private and if Day, District, Provincial, or National)	KCPE /KCSE Grade
Primary					
Secondary					

How did you and your family manage to pay school fees for primary and secondary school?

Section G – APPLICANT’S COURSE DETAILS

Name of University/College

Level of training

Certificate Diploma Bachelor’s

Admission/Registration Number

Course Title

Faculty/School

Year of Study

1ST 2ND 3RD 4TH 5TH

Department

Duration of Study (MM/YYYY - MM/YYYY)

/ to /

Are you presently enrolled in class at your college/university? Yes No

• If yes, then what is your current college performance? *(Attach a copy of your college transcripts or report forms)*

A A- B+ B B- C+ C C- D+ D D- E

• If no, then explain why you have been admitted, but not yet enrolled in class? *(Attach admission letter)*

Section H – APPLICANT’S FINANCIAL SITUATION

Financing and Sponsorship

What is the cost of the program per academic year? *(Attach fee structure)*

KSH _____

How much money can your family raise each year to cover your school fees?

KSH _____

Fee Status

Have you deferred studies? Yes No

If yes, then explain why have you deferred studies?
(Attach evidence - deferral letters, medical reports, etc.)

Have you received any loans or sponsorship? Yes No

If yes, then state the source *(Tick all that apply):*

	AMOUNT (KSH)	YEAR AWARDED
HELB <input type="checkbox"/>	_____	_____
BURSARY <input type="checkbox"/>	_____	_____
CDF <input type="checkbox"/>	_____	_____
OTHER <input type="checkbox"/>	_____	_____

Specify Name of Other Source: _____

Do you have a fee balance? Yes No
(Excluding next year’s school fees)

If yes, then what is your fee balance?
(Attach certified fee statement) KSH _____

Section I - APPLICANT'S PERSONAL STATEMENT CONTINUED

3. What are your personal aspirations? Discuss the contribution you would make to your society, if given the scholarship, in that time.

Please use the space provided under "Section I - Applicant's Personal Statement" and ***DO NOT*** attach a separate autobiography.

Section J - CHECKLIST OF REQUIRED SUPPORTING DOCUMENTS

Please ensure that copies of the following supporting documents are attached to your application and that all the above sections are clearly and accurately filled to avoid disqualification. The following documents are a ***MUST*** for all applicants. (Tick YES or NO):

Required Documents for All Applications

Applicant's Birth Certificate (a must)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Applicant's ID Card (Front & Back)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
KCSE Certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
KCPE Certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Admission Letter(s)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fee Structure	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Required Documents for Application, Depending on Applicant

ID Card(s) [Front & Back] of Parent(s), if Applicant has Both Parents Alive or is a Partial Orphan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Death Certificate(s) / Burial Permit(s), if Applicant is a Total or Partial Orphan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Performance of Sibling(s) in School	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Medical Report(s) for Applicant and/or Family Member(s)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
College Transcript(s) / Report Form(s)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Deferral Letter(s)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Certified Fee Statement, parent/guardian pay slips and or financial statements	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

APPLICANT'S DECLARATION

I, _____, certify that the information given in this application is both complete and accurate to the best of my knowledge and I have confirmed that all the documents necessary to verify the information are attached.

Signature

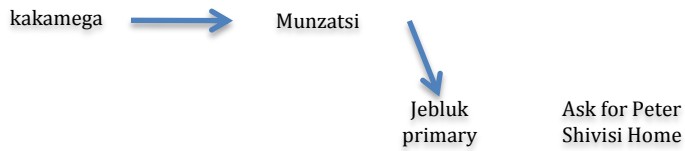
Date (DD/MM/YYYY)

		/			/				
--	--	---	--	--	---	--	--	--	--

Draw a road map to your home indicating major landmarks and a well known name of a family member



Sample of how to draw your map



NB/ Only shortlisted candidates will be contacted

NB: "ACCES 2 FORM" IS NOT FOR SALE.