



JAMIA MOSQUE COMMITTEE
P. O. Box 100786 - 00101, NAIROBI,
Tel: 2243504/05

SERIAL NO: _____

**Most recent
photograph
of the Student.**

Open Bursary Application Form

STUDENT'S NAME: _____

THIS FORM MUST BE COMPLETED IN FULL

Before filling in this application form, please read these guidelines carefully. You are required to fill in all appropriate spaces.

INSTRUCTIONS

- (a) This form is given **FREE OF CHARGE** by the JAMIA MOSQUE COMMITTEE.
- (b) **This application form must be filled neatly, carefully and accurately. Use CAPITAL LETTERS ONLY..** Incomplete forms and / or inaccurately filled forms will not be considered.
- © All documents required **MUST** be provided by the applicant. Applications without relevant documentations shall be rejected.
- (d) The completion and submission of this form is not a guarantee for sponsorship. Only suitable, qualified and deserving applicants will be considered.
- (e) Canvassing will automatically lead to disqualification.
- (f) Sponsorship is non-binding and the Jamia Mosque Committee does not warrant or guarantee or obliged in any way to pay for the entire course duration or full amount.
- (g) The Jamia Mosque Committee has the right to list you on its website or any of its publications as person or entity that has been supported by us and with that or associated actions you hold Jamia Mosque Committee harmless to any loss of reputation or any kind of legal action.
- (h) The making of deliberate false statements, forgery or using illegal rubber stamps on this form will lead to automatic disqualification.
- (I) The Bursary Funds may be from Zakat Funds.

PERSONAL INFORMATION:

SURNAME:		FIRST NAMES IN FULL:	
DATE OF BIRTH (dd/mm/yy):		PLACE OF BIRTH:	
GENDER: M <input type="checkbox"/>	F <input type="checkbox"/>	NATIONALITY:	ETHNICITY:
CONTACT ADDRESS WHERE YOU WILL BE STAYING DURING THE ACADEMIC YEAR:			
YOUR HOME ADDRESS:		YOUR CONTACT TELEPHONE NUMBERS:	
YOUR CONTACT EMAIL ADDRESS:			
FULL NAMES OF PARENTS/LEGAL GUARDIAN:			
FATHER'S NAME:		OCCUPATION:	
MOTHER'S NAME:		OCCUPATION:	
ADDRESS OF PARENTS/LEGAL GUARDIAN:			
ARE BOTH YOUR PARENT ALIVE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS YOUR LIVING PARENT SINGLE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

INFORMATION ABOUT FAMILY FINANCIAL STATUS GROSS INCOME IN THE LAST 12 MONTHS - (KSHS)

	FATHER	MOTHER	GUARDIAN / SPONSOR	
GROSS INCOME				

(Attach support documents e.g letter explaining disability or other disadvantage / circumstance, death certificate, letter from Sub-Chief or Chief or Religious Leader or other prominent reference)

APPLICANT'S SIBLINGS IN EDUCATIONAL INSTITUTIONS

SIBLING / GUARDIAN'S CHILD	NAME OF INSTITUTION	YEAR OF STUDY / CLASS	TOTAL FEES	FEES PAID	OUTSTANDING BALANCE
GRAND TOTAL					

STUDENT'S HEALTH / DISABILITY:	GRADE OBTAINED: (KJSEA):
SCHOOL ATTENDED:	TOWN / CITY:
COUNTY:	CONSTITUENCY:

THIS PART TO BE COMPLETED BY THE IMAM OF YOUR MOSQUE:

We certify that, the applicant is a genuine case who deserves assistance.

Imam's Name: _____

Tel: _____

Signature: _____ Date: _____

OFFICIAL STAMP

ADDITIONAL INFORMATION:

ARE YOU CURRENTLY RECEIVING OR HAVE YOU RECEIVED ANOTHER BURSARY? IF YES PLEASE STATE

1. NAME OF THE INSTITUTION THAT GRANTED BURSARY: _____

2. CONTACT ADDRESS: _____

DISCIPLINE

- | | |
|--------------|----|
| 1. EXCELLENT | 10 |
| 2. V. GOOD | 8 |
| 3. GOOD | 6 |
| 4. FAIR | 2 |
| 5. POOR | 0 |

SCORE (MAXIMUM 10)

PERFORMANCE

- | | |
|------------------|----|
| 1. EXCELLENT | 10 |
| 2. V. GOOD | 8 |
| 3. GOOD | 6 |
| 4. AVERAGE | 2 |
| 5. BELOW AVERAGE | 0 |

SCORE (MAXIMUM 20)

DECLARATION:

I, _____ IN MY CAPACITY AS APPLICANT/PARENT/GUARDIAN,
DECLARE THAT THE ABOVE PARTICULARS ARE COMPLETE AND CORRECT.

SIGNATURE OF APPLICANT/DATE: _____

SIGNATURE OF PARENT/GUARDIAN DATE: _____

IMPORTANT: PLEASE ATTACH THE FOLLOWING DOCUMENTS:

1. COPY OF YOUR PARENTS/GUARDIAN'S ID (DEATH CERTIFICATE IF APPLICABLE):
2. COPY OF REPORT FORM/RESULT SLIP.
3. COPY OF A FORM ONE CALLING LETTER:
4. 2 PP SIZE PHOTOS:
5. COPY OF BIRTH CERTIFICATE:

OFFICIAL USE ONLY:

FAMILY STATUS

- | | |
|--|----|
| 1. DOUBLE/ TOTAL ORPHANS | 40 |
| DOUBLE ORPHANS WITHOUT GUARDIANS | |
| 2. PARTIALLY ORPHANED(MOTHER / FATHER ALIVE), WITHOUT SOURCE OF INCOME | 36 |
| PARTIAL ORPHAN WITHOUT A STEADY SOURCE OF INCOME | |
| BOTH/SINGLE ALIVE WITHOUT A STEADY SOURCE OF INCOME | |
| 3. SINGLE PARENT | 32 |
| 4. BOTH PARENTS ALIVE - WITHOUT A SOURCE OF INCOME | 28 |

SCORE (MAXIMUM 40)

DATE OF APPLICATION RECEIVED: _____

RECOMMENDED FOR ASSISTANCE: _____

NOT RECOMMENDED: _____

BURSARY AWARDED KSHS: _____

SIGN SECRETARY _____

SIGN CHAIRMAN: _____