



 P.O Box 707-50100,  
Kakamega.

 Milimani Estate, Off State  
House Road, At Vaghela  
Premises

 0727-210532  
056-30059

 [acceskenya@yahoo.com](mailto:acceskenya@yahoo.com)

 [www.acces-kenya.net](http://www.acces-kenya.net)  
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**"ACCES 2 FORM"**  
**African Canadian Continuing Education Society**  
*...fostering social and economic development through education*



**ACCES COLLEGE/UNIVERSITY SCHOLARSHIP  
2015 APPLICATION FORM**

Use Hand Print only  
within boxes

Good

Bad

A B C

A B C

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 (JAB)** students in **public** universities and colleges accredited by either CHE 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 1 application form, and include copies of academic certificates and supporting documents as required. This application form must be submitted to ACCES office **by 31<sup>st</sup> of March, 2015 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)

 /  / 

Gender

Male

☐

Female

☐

Permanent Address

Box Number

Postal Code

Place of Birth

District

Division

Location

Sub-Location

Village

Contact Information

E-Mail

Mobile Telephone Number 1

Mobile Telephone Number 2

Landline Telephone Number

Must give a telephone. No. plus  
two other alternatives for  
accessibility

Town

District

Division

Location

Sub-Location

## Section B – TYPE OF FAMILY

Number of  
People in  
Household

Tick all  
that apply:

Polygamous

☐

Single Parent

☐

Monogamous

☐

Other  
(specify)

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1

Applicant's  
Signature

# Section C – FAMILY BACKGROUND

<b>Applicant's Status</b>	<b>Total Orphan</b> <input type="checkbox"/> <i>(Attach copies of death certificates/burial permits)</i>	<b>Partial Orphan</b> <input type="checkbox"/> <i>(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 )</i>	<b>Both Parents Alive</b> <input type="checkbox"/> <i>(Attach copies of Parent's ID Cards)</i>
	<b>Other</b> <i>(Specify if Single parent or separated)</i>		
	<input style="width: 150px; height: 20px;" type="text"/>		

## Family Income

	<u>Father</u>	<u>Mother</u>	<u>Guardian(s)</u>
<b>Occupation of Parents, Guardians, or Household Heads</b> <i>(Attach pay slips or financial statements)</i>	<b>Farmer</b> <i>(Specify acreage and type of crops)</i>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<b>Business ( Specify type of business and location)</b>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<b>Civil Servant</b> <i>(Specify occupation)</i>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<b>TSC</b> <i>(Specify sector)</i>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<b>Private Sector</b> <i>(Specify whether NGO, Company or domestic )</i>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<b>Unemployed</b>	<input type="checkbox"/> _____	<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? <i>(Specify if College, Primary, or Secondary – Public or Private and Day, District, Provincial, or National)</i>	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  
(Do not count washrooms, toilets, storerooms, or garages)

One ☐

Two ☐

Three ☐

Four or more ☐

The nature/type of floor

☐

1. Wood 2. Earth 3. Cement 4. Tiles

Source of lighting  
(Fill the number in the box e.g. 2 for dry cell)

☐

1. Purchase/Collect firewood, Grass 2. a Dry Cell (Torch) 3. Paraffin (tin lamp/lantern) 4. Electricity 5. Biogas 6. Solar panel

What is the main source of fuel used for cooking in the house

☐

1. Purchase/Collect firewood 2. Charcoal 3. Paraffin 4. Electricity 5. Gas 6. Sawdust

Does your household own any television sets?

Yes ☐

No ☐

If yes specify

## 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?

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## 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

1<sup>ST</sup> ☐ 2<sup>ND</sup> ☐ 3<sup>RD</sup> ☐ 4<sup>TH</sup> ☐ 5<sup>TH</sup> ☐

Department

Duration of Study (MM/YYYY – MM/YYYY)

/ to /

Are you presently enrolled in classes 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)

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## Section H – APPLICANT'S FINANCIAL SITUATION

Financing and Sponsorship

What is the cost of the program per an 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.)

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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"/>	<input type="text"/>	<input type="text"/>
BURSARY <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
CDF <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
OTHER <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

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

[illegible]

**Briefly answer the following questions so that ACCES can have a better understanding about your background, major influences in your life, and a more detailed and personal account of your financial need** *(Keep your responses only to the specific question asked and to the space provided here).*

**1. Briefly explain your personal background**

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

**2. Briefly explain any special personal or family circumstances necessitating your need for an ACCES Scholarship.**

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, providing a template for writing or drawing. The margins are consistent on all sides.

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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			Required Documents for Application, Depending on Applicant		
Applicant’s Birth Certificate (a must)	Yes	No	ID Card(s) [Front & Back] of Parent(s), if Applicant has Both Parents Alive or is a Partial Orphan	Yes	No
Applicant’s ID Card (Front & Back)	Yes	No	Death Certificate(s) / Burial Permit(s), if Applicant is a Total or Partial Orphan	Yes	No
KCSE Certificate	Yes	No	Performance of Sibling(s) in School	Yes	No
KCPE Certificate	Yes	No	Medical Report(s) for Applicant and/or Family Member(s)	Yes	No
Admission Letter(s)	Yes	No	College Transcript(s) / Report Form(s)	Yes	No
Fee Structure	Yes	No	Deferral Letter(s)	Yes	No
			Certified Fee Statement, parent/ guardian pay slips and or financial statements	Yes	No

APPLICANT’S DECLARATION

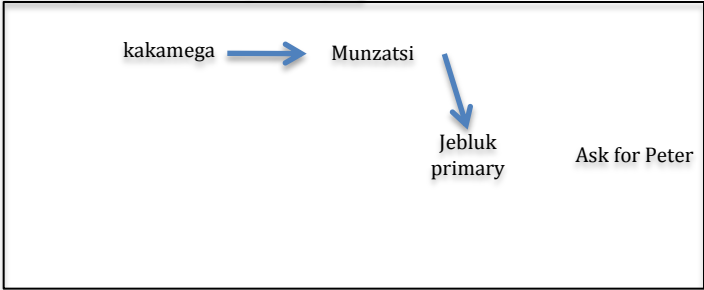
I, \_\_\_\_\_, certify that the information given in this application is both complete and accurate to the best of my knowledge and I have confirmed that all the documents necessary to verify the information are attached.

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

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