



Film Kenya...Capture Africa!

KENYA FILM COMMISSION BURSARY / SCHOLARSHIP APPLICATION FORM

PART A: APPLICANT'S PERSONAL DETAILS

Passport Photo									
Surname			First Name				Middle Name		
<i>Note: Names above should be as per Identification Card or Birth Certificate.</i>									
Email									
Telephone No									
ID Number/ Birth Certificate Number									
Box Number			Postal Code				Town		
Gender			Date of Birth (attach copy of birth certificate)				Marital Status		
M	F		D	D	M	M	Y	Y	
Place of Current Residence									
County			Constituency				Sub County		
Division			Location				Sub Location		
Highest Education Level			None	Primary	Secondary	Diploma	Degree		

Education Level	Academic Performance (Marks/Grade)	Year of Exam
Primary School (Attach Result Slip & School Leaving Certificate Certified by School)		
Secondary School (Attach Result Slip & School Leaving Certificate Certified by School)		

Do you have any special needs (Tick Appropriately. If yes, specify disability)	Yes		No	
Visually Challenged (Provide Evidence as an attachment)				
Physically Challenged (Provide Evidence as an attachment)				
Hearing (Provide Evidence as an attachment)				
Other (Specify & Provide Evidence as an Attachment)				

Course(s) you are applying for – <i>Attach Admission Letter</i>		
Option 1	Institution	
	Course	
Option 2	Institution	
	Course	

PART B: PARENTS' DETAILS

Parents' Marital Status	Single	Married	Divorced	Widowed
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FATHER			MOTHER		
a) Is your father alive?	Yes	No.	a) Is your mother alive?	Yes	No
<i>If deceased, Attach death certificate</i>					
b) If yes give his age;			b) If yes give her age;		
c) Name: _____			c) Name: _____		
d) ID No. _____			d) ID No. _____		
e) Occupation: _____			e) Occupation: _____		
f) Phone Number			f) Phone Number		
g) Name and address of employer(s)			g) Name and address of employer(s)		
h) If retired give name(s) and address of last employer(s); _____			h) If retired give name(s) and address of last employer(s); _____		
Year of retirement: _____			Year of retirement: _____		
Employer's Telephone No:			Employer's Telephone No:		

Guardian Details (If Applicable)	
Guardian's Name	
Guardian's Phone Number	
Guardian's Email Address	
Guardian's Postal Address	

PART C: INFORMATION ABOUT FINANCIAL STATUS

a. Approximate current gross family income per month.

Item	Father	Mother	Total
Gross income from employment(Salary or Pension)			
Income from Business e.g., Shop, Hotel, Matatu.			
Income from farming e.g., Crops, Livestock, Fishing.			
Income from other sources e.g., Shares, Dividends, Interest			
Income from Harambee and Donations.			
Others e.g., NG-CDF, HELB, NGO			
TOTAL			

(b) For Bursary Application, list applicant's Siblings in Educational Institution (*Please include documentary evidence*)

Child's Name	Institution Name	Year of Study	Expected Education Expenditures
1.			
2.			
3.			
4.			
6.			
TOTAL			

(c) Number and age of siblings not in school _____

TERMS AND CONDITIONS

1. Kenya Film Commission reserves the right to withdraw, at any time and from time to time, any bursary or scholarship awarded to a holder who does not attain the required pass mark in the various assessments conducted by the respective training institution.
2. A candidate in respect to whom a scholarship or bursary is withdrawn will not be eligible for re-awarding of a scholarship.
3. Scholarship or bursary once awarded, unless withdrawn, will be tenable in respect to any student for the duration of the course only.
4. A bursary or scholarship awarded to an applicant is not transferable to any other candidate whatsoever.
5. Any applicant who gives false information or submits fake documents in support of therequest for a scholarship or bursary shall be liable to disqualification and prosecution.

Note:

- i. All spaces in this form should be filled, otherwise the application will not beconsidered.
- ii. Certified copies, by the school, of KCPE or KCSE certificates MUST be attached.
- iii. Only shortlisted candidates will be contacted.

APPLICANT CERTIFICATION

I hereby certify that all the information I have provided on this form and all supplementary forms is true, correct, and complete. I hereby authorize Kenya Film Commission or its representatives to obtain such additional information concerning my educational programme and financial records needed to complete processing of this application. It is also my understanding that Kenya Film Commission, may, as it seems appropriate, release to others who may be considering me for financial assistance or making decisions relating to my educational plans, information concerning the amount of any award I may receive. Any falsified information may lead to disqualification.

Applicant signature: _____ Date: _____

OATH & AFFIRMATION

Sworn/Declared before me this _____ day of _____ 20____ at

COMMISSIONER FOR OATHS/MAGISTRATE

FOR OFFICIAL USE ONLY (Kenya Film Commission offices in Jumuia Place, Lenana Road Kilimani.)

Date Received _____ Receiving Officer _____ Signature _____

[FOR AND ON BEHALF OF KENYA FILM COMMISSION]

Note: The filling of this application form does not guarantee that the applicant will receive bursary or sponsorship.