



JOALI FOUNDATION

Committed to the poor | Value for people | We are partners | We are responsive

Joali foundation is home of hope

BURSARY APPLICATION FORM- 2026/2027

SECTION A: APPLICANT DETAILS

1. Full Name (as per Birth Certificate): _____
2. Gender: Male Female
3. Date of Birth: _____
4. Birth Certificate No: _____
5. County: _____ Sub-County: _____
6. Ward _____ Village: _____
7. Nemis Number: _____

SECTION B: EDUCATION DETAILS

9. Name of School/Institution/University: _____
10. Institution Type: Senior Secondary Secondary College University
11. Admission / Registration Number: _____
12. Course / Class / Level: _____
13. Year of Study: _____
14. Mode of Study: Day Boarding

SECTION C: FAMILY & SOCIO-ECONOMIC BACKGROUND

15. Father's Name: _____ TEL NO.....
Occupation: _____ Alive: Yes No
16. Mother's Name: _____ TEL NO.....
Occupation: _____ Alive: Yes No
17. Guardian (if applicable): _____
Relationship: _____ Phone: _____
18. Total Number of Siblings: _____
19. Number of Siblings in School: _____

SECTION D: FINANCIAL NEED INFORMATION

21. Orphan Status: Total Orphan Partial Orphan Not an Orphan

22. Special Circumstances (tick where applicable):

Disability

Chronic illness in family

Single-parent household

Extreme poverty

Other (specify): _____

23. Briefly explain why you need bursary support

SECTION E: BURSARY REQUEST DETAILS

24. School Fees per Term(KES) _____

25. School fees per Year (KES): _____

26. Have you received bursary/scholarship before? Yes No

If yes, from where and how much? _____

SECTION G: DECLARATION BY APPLICANT

I declare that the information provided in this form is true and correct to the best of my knowledge. I understand that providing false information will lead to automatic disqualification.

Applicant's Signature: _____

Date: _____

RECOMMENDATION (Chief/ Sub-chief)

Name: _____

Signature & Official Stamp:

_____ Date: _____

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Approved Amount (KES): _____

Approved Deferred Rejected Authorized by:

Name: _____

Signature: _____

Date: _____