

## Scholarship Application Form

Full Name	
Date of Birth	Sex
County	Primary School Attended
Marks Obtained (Attach result slip)	
High School to join (Attach invitation letter)	
Annual Fee (Attach fee structure)	
First Guardian's Name	Occupation
Second Guardian's Name	Occupation
Primary Telephone Number	
In not more than 500 words, please describe who you aspire to be in future, and why you deserve this scholarship. What does an opportunity at schooling mean to you?	

Please email all completed forms and attachments to kijana23foundation@gmail.com Kijana Foundation Inc., does not discriminate on the basis of disability, sex, gender, religion, color, and national origin.