

Passport

Photograph

# MAAHAD TEACHERS TRAINING COLLEGE

## SCHOLARSHIP APPLICATION FORM

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### REQUIREMENTS FOR THE APPLICATION OF MAAHAD SCHOLARSHIP 2013

This form must be completed before one can be considered for scholarship. Students MUST:

1. Be ready to be enrolled into a full time Certificate or Diploma programme at Maahad Teachers Training College.
2. Have a genuine need for financial Assistance.
3. Submit duly filled submission application form with certified copies of certificates and academic transcripts.

Print in ink or type all answers clearly and completely. Indicate N/A if a question is not applicable.

#### **Disclaimer**

*Any student or person filling this application form knowingly gives false or misleading information whether in writing or by attaching herein the false document(s) shall lead to automatic disqualification.*

#### **PART A: STUDENT PERSONAL DETAILS**

a) Name: \_\_\_\_\_

**Last**

**First**

**Middle**

b) Provide **EITHER**

a. (i)Maahad Application Form No(*for new applicants*)

**OR**

(ii)Maahad Admission No

c) Gender: Male:  Female :

d) Date of Birth \_\_\_\_\_

e) Special needs: \_\_\_\_\_

Visually Challenged  Physically Challenged

Other(specify) \_\_\_\_\_

f) Name of High School: \_\_\_\_\_

KCSE grade attained: \_\_\_\_\_ (attach results)

Address: P.O.Box \_\_\_\_\_ Country: \_\_\_\_\_

Mobile Telephone Number: \_\_\_\_\_ Email address \_\_\_\_\_

(i) Why do you feel you need a Maahad Teachers Training College scholarship?

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**B: PARENTS DETAILS**

1. Indicate if you are from: Single Parent  Both Parents

<b>2.FATHER</b>	<b>3.MOTHER</b>
a) Is your Father alive?	b) Is your Mother alive?
b)If no ,give date of death: (Attach Death Certificate)	b)If not give date of death (Attach Death Certificate)
c)If yes in(a)above ,please fill below	c)If yes in(a)above please fill below
d)If yes give his age: _____	d)If yes give her age: _____
e)Name: _____ ID No: _____	e)Name: _____ ID No: _____

f)Occupation: _____	Occupation: _____
g)Name and address of employer(s) _____	g)Name and address of em

**4. GUARDIAN/SPONSOR**

a) Name: \_\_\_\_\_ b) Telephone: \_\_\_\_\_

c)ID/No: \_\_\_\_\_ d)Occupation: \_\_\_\_\_

e) Name and address of employer: \_\_\_\_\_

\_\_\_\_\_

f) If self employed specify nature of self-employment \_\_\_\_\_

\_\_\_\_\_

**PART C: INFORMATION ABOUT FINANCIAL STATUS**

*NOTE: Financial Aid at MTTC is limited due to the large number of students applying for assistance and is therefore only awarded to students who are in genuine financial difficulties.*

**1. (a)Gross family income in the last 12 months**

ITEM	FATHER	MOTHER	GUARDIAN/ SPONSOR	TOTAL
Gross income from employment (Salary or pension)				
Income from Farming e.g. Shop, Hotel, Matatu.				
Income from farming e.g. Crops, Livestock, Fishing				
Income from other source e.g. Shares, Dividends, Interest				
Income from Harambee and Donations				
Others e.g CDF, HELB, NGO				

<b>TOTAL</b>				
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**(b) Applicant's Siblings in Educational Institution (please include documentary evidence)**

<b>CHILD'S NAME</b>	<b>INSTITUTION NAME</b>	<b>YEAR OF STUDY</b>	<b>EXPECTED EDUCATION EXPENDITURES</b>
1.			
2.			
3.			
4.			
5.			
6.			
<b>TOTAL</b>			

(c) Number and age of siblings not in school \_\_\_\_\_

**PART D: ADDITIONAL INFORMATION**

(a) Have you received any other financial assistance before? E.g. High School Bursary Yes  
 No

If yes, please specify \_\_\_\_\_  
 \_\_\_\_\_

(b) How will the diploma or certificate enable you to achieve your full potential?

\_\_\_\_\_  
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(c) Why do you feel like you need this scholarship?

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**CERTIFICATION**

I hereby certify that all the information I have provided and all supplementary forms are true, correct and complete .I hereby authorize Maahad Teachers Training College 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 Maahad Teachers Training College, may as it seems appropriate, release to others who maybe considering me for financial assistance or making decisions relating to my educational plans, information concerning the amount of any award I may receive.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature \_\_\_\_\_ -

Date: \_\_\_\_\_