

## PARENT'S/GUARDIAN'S DECLARATION

I confirm that the above information is true to the best of my knowledge and I am aware that giving false representation will mean that the application will not be considered and will lead to automatic disqualification. On behalf of my child, I authorise Equity Group Foundation or its representatives to obtain such additional information concerning this applicant's education and financial records as needed to complete this scholarship application. I also authorise Equity Group Foundation and its representatives to communicate and release information to others who are involved in making decisions relating to this applicant's educational plans including and not limited to their previous and future schools, referees named in this form and the Ministry of Education.

Parent/Guardian Name \_\_\_\_\_

Signature: \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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If you wish to provide additional information, please attach a separate piece of paper.

## Part F: RECOMMENDATIONS

This part must be completed by the relevant authorities indicated. Any false information will lead to disqualification.

### 1. Primary School Head Teacher:

Please report on the above named applicant's performance, conduct, special interests and talents. Also explain why he/she should be considered for the *Wings to Fly* Scholarship Program:

How long have you known the candidate /family? \_\_\_\_\_

My school has \_\_\_\_\_ pupils who sat for KCPE and in the most recent tests sat by the applicant before sitting for KCPE, this applicant's position was no. \_\_\_\_\_ overall and attained \_\_\_\_\_ marks out of 500.

Report on any special interests or talents the child may have e.g. leadership, sports, arts, music etc: \_\_\_\_\_

Rate the candidate's financial ability:  Very Rich  Rich  Middle Income  Poor  Very Poor

I have reviewed the information given in this form and believe it to be truthful. The above named student attended my school and based on my knowledge and/or inquiries, I affirm that he/she is needy/vulnerable. Please describe facts about his/her circumstances.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Signature & Official Stamp: \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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Postal Address: P.O. Box: 

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 Town/City: 

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 Postal Code: 

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Telephobe/Mobile No. 

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### 2. Provincial Administration (Chief or Assistant Chief).

How long have you known the candidate/family? \_\_\_\_\_

Rate the candidate's financial ability:  Very Rich  Rich  Middle Income  Poor  Very Poor

	Yes	No
Orphaned		
Parents/Guardians are employed		
Parents/Guardians		
Any additional information, explain:		

I have reviewed the information given in this form and believe it to be truthful. The above named student is a resident of my location/sub-location. Based on my knowledge and/or inquiries, I affirm that he/she is needy/vulnerable.

Name: \_\_\_\_\_ Signature & Official Stamp: \_\_\_\_\_ Date 

D		M	M	Y	Y	Y	Y
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Postal Address: P.O. Box: 

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 Town/City: 

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 Postal Code: 

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Telephone/Mobile Number: 

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**3. Religious Leader (bishop, pastor, priest, imam, etc.)**

How long have you known the candidate/family? \_\_\_\_\_

Rate the candidate's financial ability:  Very Rich  Rich  Middle Income  Poor  Very Needy

I have reviewed the information given in this form and believe it to be truthful. Based on my knowledge and/or inquiries I affirm that this student is needy/vulnerable based on the following facts about his/her circumstances.

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Name: \_\_\_\_\_ Signature & Official Stamp: \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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Postal Address: P.O. Box: 

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 Town/City: 

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 Postal Code: 

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Telephone/Mobile Number: 

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**NB: If a family is found to have misrepresented their circumstances, the scholarship will be terminated and they will be required to refund fees paid.**