

MaBeYo!

Mama Benter Yewa Odera Memorial Scholarship Fund

(The application process is free)

Part one (To be filled by Applicant)

Name of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admission Number…………………………………………………..Sex………………………………

Parent/ Guardian Name………………………………………………..Phone…………………………..

Level of Applicants Education………………………………………………

Name of the Institution………………………….Class/Form/Year………Telephone……………………...

Admission/Registration Number……………………………………..

Type of Institution (Tick Appropriately)

National……….(B) Extra County………………(C) County…………...D) Day School……………..

Name of Group………………………………………………………Village……………………………

**TERMS AND CONDITIONS FOR SUPPORT**

1. **EDUCATION SUPPORT** will be provided by MaBeYo Memorial Scholarship fund subject to funding availability and meeting the eligibility criteria.
2. Applicants must submit all relevant documents for consideration
3. The application form must be attached with the following documents;
4. Letter of application from family requesting support
5. Original fee structure and copy of letter of admission
6. Copy of academic report duly certified by the relevant institution
7. A letter from the institution indicating the fee balances if any.
8. All continuing students must submit application every year for consideration
9. **FOR FORM ONE** applicants, copy of class 8 KCPE result slip is relevant
10. Parents of the applicants are expected to contribute at least a % of the annual school fee as deemed fit by the vetting committee. Proof confirming the same will be required.
11. MaBeYo Scholarship Fund Committee will discontinue this support if ;

* The student academic performance is poor
* Where parent/guardian does not fulfill their obligation under the agreement
* Where the student absent him/herself from school over a long period without proper reason.
* Where sponsored student acquires other financing sources.
* When the family economic status improves.
* Where the student fails to adhere to the stipulated code of conduct for MaBeYo beneficiaries

**FORM VERIFICATION**

**Parent/Guardian Name……………………………………………………………………………………**

**Signature…………………………………………………………………………………………………….**

**I agree** to the terms and conditions as stated above.

**Confirmed and Verified by the Scholarship Committee**

Name…………………………………………………………Signature……………………………………

Stamp………………………………………………………………………………………………………...

Confirmed and verified for and on behalf of MaBeYo Scholarship Committee

Name…………………………………………………………Signature……………………………. Stamp…………………………………

**VETTING FORM**

Admission number…………………………………………………………………………

Name………………………………………………………………………………..

Group name………………………………………………………………………..

Name of the institution……………………………………………………………………………………

Marks obtained in ………………………………

**PARAMETERS TO CONSIDER IF KCPE (TICK APPROPRIATELY)**

1. Marks obtained in KCPE

250-299 (1points)

300-349 (2points)

350-399 (3points)

400-449 (4points)

450 and Above (5points)

1. Status of the OVC (Whether Total ,Partial/Just Vulnerable) **evidence to be provided e.g death certificate/burial permit**

Total orphan (3points)

Partial (2points)

Vulnerable (1point)

1. Economic status of the family- very needy, needy or low income(consider economic status of the family)

Very needy (3points)

Needy (2points)

Low income (1point)

1. Was the child in private or public institution, if in private who was responsible

Public day (3points)

Public boarding (2points)

Private (1 point)

1. How many siblings are in secondary school/college? (How many have access to bursaries)

Sibling in Secondary/College (1point)

No Siblings (0points)

1. Any relative in meaningful employment or businesses

Without (1point)

With (0point)

1. Any other source of bursary (declare how much if any)………………

Without (1point)

With (0point)

**Total points…………………………………………………………………………………………………**

* **The vetting committee must come up with minutes of their deliberations and must be duly signed by members present and stamped by the chairperson.**
* **The minutes of the vetting outcome must be brought back to the office by the MaBeYo Committee member acting as secretary.**

**VERIFICATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Position** | **Id Number** | **Signature** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |

**CHAIRPERSON’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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DATE AND OFFICIAL STAMP

**FOR OFFICIAL USE (TO BE COMPLETED BY JAM VETTING COMMITTEE)**

1. Total points scored by the applicant…………………………
2. Education support recommended YES NO
3. Vetting Committee Remarks

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Date of the Meeting…………………………………………………………………………………….

**Chairperson’s Name………………………………………………..Signature……………………………**

Secretary’s Name………………………………………………………….…….Signature……………………………..

Total Amount Requested……………………………………………………………………………

Parent/guardian Contribution………………………………………………………………………

Recommended Amount………………………………………………………………………………

**PROGRAM OFFICER’S APPROVAL**

Approved ...........................................Not Approved (Provide Reason).......................................................

Name ………………………………………………………………………………………………………..

Signature………………………………………………………………Date………………………………..

**CEO’S CONFIRMATION**

Name…………………………………………………………………………………………..

Signature………………………………………………………………..Date……………………………….

**CLASS TEACHER/LECTURER RECOMMENDATION**

Student/pupil conduct: Excellent ( ) Very Good ( ) Good ( ) Fair ( ) Poor ( )

I declare that the above named student is in my school as: F**rom**…….………..To………………………

To the best of my knowledge the above information is true and I do hereby; Recommend……………………. ……………………………………as an OVC to your programme.

Name…………………………………….……………Signature……………………………………..

Date……………………………Official stamp………………………………………………………..

**CHIEF/SUB-CHIEF**

Comment about the family status and state and please indicate if there are any other funding opportunities for the applicant:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Name………………………………………………………………..Signature…………………………….

Date…………………………….Official stamp………………………………………………………….

**RELIGIOUS LEADER**

Comment on the applicant family status (indicate if the applicant has any funding opportunity)

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

I certify that the information given is correct and true to the best of my knowledge

Name…………………………………………………..Signature………………………………………

Date…………………………….Official stamp………………………………………………………..