



G.M GAMMA ADVOCATES LLP®  
Advocates, Commissioners for Oaths & Notaries Public

# THE GAMMA WEZESHA SCHOLARSHIP PROGRAM 2023

## APPLICATION FORM

MEMBER



World Law Alliance

## INSTRUCTIONS TO APPLICANTS

1. This Form is given free of charge by G.M Gamma Advocates LLP
2. The information provided in this form is intended to help firm understand the Applicant's academic and financial position for the purpose of assessment for the Scholarship
3. This Form must be filled accurately and completely in CAPITAL LETTERS
4. All incomplete and inaccurately filled forms will be automatically rejected
5. Copies of ALL DOCUMENTS required MUST be provided by the Applicant. Any applications without the relevant documents will be rejected
6. Only November 2022 KCPE Candidates will be considered
7. Canvassing will lead to automatic disqualification
8. Any false statements, omissions or forged documents will lead to automatic disqualification
9. The completion and submission of this Form is not a guarantee for sponsorship and G.M Gamma Advocates LLP reserves the right to make the final determination of the Wezesha Scholarship Program beneficiaries
10. Every part of this Form must be filled. Failure to do so makes this application incomplete and therefore renders the Applicant ineligible for the scholarship
11. The Form should be submitted together with the required documents sent via email to [scholarships@gammaadvocates.com](mailto:scholarships@gammaadvocates.com)

## PART A : APPLICANT'S PERSONAL DETAILS

### Full Name of Applicant:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Gender: Male ☐ Female ☐

Date of Birth: \_\_\_\_\_

*( Attach copy of birth certificate)*

Tel/Mobile No. of Mother: \_\_\_\_\_ Email Address: \_\_\_\_\_

Tel/Mobile No. of Father: \_\_\_\_\_ Email Address: \_\_\_\_\_

Tel/Mobile No. of Guardian: \_\_\_\_\_ Email Address: \_\_\_\_\_

## ACADEMIC INFORMATION

Name of Primary School attended: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

School's Contact Person Name: \_\_\_\_\_ Tel/Mobile No: \_\_\_\_\_

Physical Address: County \_\_\_\_\_ Subcounty \_\_\_\_\_

K.C.P.E Index No: \_\_\_\_\_ K.C.P.E Marks: \_\_\_\_\_

*(Attach copy of results slip or one provided by the Head teacher of your former school with his/her certification)*

Year sat for K.C.P.E \_\_\_\_\_

## PART B : APPLICANT'S FAMILY INFORMATION

### PARENT'S INFORMATION

#### Father's Full Name:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

ID No: \_\_\_\_\_ Living ☐ Deceased ☐

*(Attach copy of Death Certificate or Burial Permit)*

Physical Address: County \_\_\_\_\_ Subcounty \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel/Mobile No: \_\_\_\_\_

Source of Income: \_\_\_\_\_

#### Mother's Full Name:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

ID No: \_\_\_\_\_ Living ☐ Deceased ☐

*(Attach copy of Death Certificate or Burial Permit)*

Physical Address: County \_\_\_\_\_ Subcounty \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel/Mobile No: \_\_\_\_\_

Source of Income: \_\_\_\_\_

Are your parents living together ☐ or separated ☐

**GUARDIAN INFORMATION** (If not under parental care)

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

ID No: \_\_\_\_\_ Relationship with student/applicant \_\_\_\_\_

Physical Address: County \_\_\_\_\_ Subcounty \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel/Mobile No: \_\_\_\_\_

Source of Income: \_\_\_\_\_

**PARENT'S/GUARDIAN'S INFORMATION**

Indicator	Father/ Male Guardian	Mother/ Female Guardian	Other
Age of your parents/guardians:			
Does any of your parents have any form of disability? Describe the disability:			
Does any of your parent / guardian suffer from any chronic illnesses with debilitating effects that could render him/her unable to fend for your family? If yes, describe and provide evidence:			
This being a complimentary program Parents/Guardians MUST establish extent of financial support to the Applicant to qualify for the Scholarship			

## SIBLING INFORMATION

List all your brothers and sisters starting with the oldest and state what each is doing. (If working, describe job and monthly salary; If in university, state it; If in school, state the form or class; If in training, describe it; If a sister is married, show the occupation of the husband, if a brother is married, show the occupation of the wife)

	Name	Age	School/Employer	Class/Position in Employment
1.				
2.				
3.				
4.				
5.				
6.				

## PART C : APPLICANT'S EVIDENCE OF NEED

Indicator	Description
Why are you applying for a scholarship?	
Have you received any financial support/ bursaries in the past and present? Please provide details:	
Do you have any disability? If yes, kindly describe and provide evidence:	
Do you suffer from any chronic illnesses? If yes, kindly describe and provide evidence:	
Who have you been living with for the past 12 months? Parents/ Guardians? Others, specify?	

**PART D : HOW DID YOU FIRST LEARN ABOUT THE GAMMA WEZESHA SCHOLARSHIP PROGRAM?** (Please mark only one)

- ☐ School - Teacher, Principal or Counselor
- ☐ Church, Mosque, Synagogue (specify) : \_\_\_\_\_
- ☐ Friends, Parent, Guardian or Relative
- ☐ Radio, TV (specify) : \_\_\_\_\_
- ☐ Newspaper, Magazine (specify) : \_\_\_\_\_
- ☐ Social Networks such as LinkedIn, Twitter (specify): \_\_\_\_\_
- ☐ Others (specify) : \_\_\_\_\_

**PART E : DECLARATIONS APPLICANT'S DECLARATION**

I, \_\_\_\_\_ declare that the information given above is true to the best of my knowledge and I am aware that giving false representation will mean that my application will not be considered and will lead to automatic disqualification. I authorize G.M Gamma Advocates LLP or its representatives to obtain such additional information concerning my educational program and financial records as needed to complete this scholarship application. I also authorize G.M Gamma Advocates LLP and its representatives to communicate and release information to others who are involved in making decisions relating to my educational plans including and not limited to my previous and future schools, referees named in this form. In the event I win the scholarship, I commit myself to working hard and posting excellent results throughout my secondary school course.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**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 authorize G.M Gamma Advocates LLP 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 authorize G.M Gamma Advocates LLP 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.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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: (Mandatory)

Please report on the above named applicant's performance, conduct, special interests and talents. Also explain why he/she should be considered for The Gamma Wezesha 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.

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Name \_\_\_\_\_ Signature/ Official Stamp \_\_\_\_\_ Date \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel/Mobile No: \_\_\_\_\_

(Choose 2 or 3)

### 2. National Government Administration (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		
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 is needy/vulnerable.

Name \_\_\_\_\_ Signature/ Official Stamp \_\_\_\_\_ Date \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel/Mobile No: \_\_\_\_\_

### 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 Poor ☐

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.

Name \_\_\_\_\_ Signature/ Official Stamp \_\_\_\_\_ Date \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel/Mobile No: \_\_\_\_\_

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.