



TRUE LENS ACADEMY

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TRUE LENS ACADEMY - SCHOLARSHIP APPLICATION FORM

This form must be filled in **BLOCK LETTERS**

PART A: STUDENT PERSONAL DATA

(a) Student's Name:

Surname..... FirstMiddle.....

(b) Gender: Male Female

(c) Year of Birth..... Month.....Day.....

(d) Father's name.....

ID NO.....Mobile NO.....

(e) Mother's name.....

ID NO.....Mobile NO.....

(f) Guardian's name.....

ID NO.....Mobile NO.....

PART B: GENERAL INFORMATION (Use block letters)

Home County..... Sub county.....

Year of Application.....Estate.....Street.....

Type of support Required. (Tick One)

Full ScholarshipPartial Scholarship.....

PART C: PARENT'S/GUARDIAN'S DECLARATION

I declare that I have read this form or this form has been read to me and hereby confirm that the information given is true.

Name.....Signature.....Date:.....Mobile No.....

PART D: RECOMMENDATION. (Use block letters)

Religious Leader.

Name

Title.....

Reason for recommendations for scholarship.....

.....

Rubber stamp.....signature.....

Area Administrator, Chief, or the Assistant Chief.

Name

Title.....

Location.....

Reason for recommendations for scholarship
.....

.....

Rubber stamp.....signature.....

PART E: For Official Use

Reviewed by:

Type of Scholarship approved

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Amount.....

Payment method.....

Frequency of payment: Once..... Twice

Approved/Disapproved by:

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Reason for disapproval:

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