



THE FLEISCHER
FOUNDATION
-KENYA-

Application Form

2023

Name of Applicant: _____

Name of Primary School: _____

County of School: _____

Index Number: _____

Gender: _____



The Fleischer Foundation Scholarship Program **Application Form**

Due Date:

Exactly 1 week after KCPE Results are released. Late applications will **NOT BE CONSIDERED**.

Mode of Submission:

(1)

Submit a hard copy to the head teacher's office 7 days after the KCPE results have been released.

(2)

OR - Scan and e-mail your entire application form to apps@thefleischerfoundation.org. The application must be attached in full and can be emailed at any time before the deadline.

Please Note: You should not submit this form to our staff unless you meet **all** of the requirements listed below. Applicants who submit this application but who do not meet the requirements **will not be considered** and **will be made ineligible to apply for the scholarship program again**.

Requirements:

1. Attain 350 marks and above in the just completed KCPE examinations.
2. Be from a needy background.
3. Must be a resident of Mukuru Kwa Njenga or the Kiserian area.
 - a. Home visits will be conducted to confirm this.
4. Be willing to adhere to direction from The Fleischer Foundation Staff and to commit yourself to working hard in school.

Additionally, Please Attach the following to your application form:

- 1.) Copy of your exam Results from Term 1, Term 2, and Term 3 from Class 8.
- 2.) Copy of your KCPE Results.
- 3.) A one-page letter/autobiography explaining in detail your family, family background, financial state, home location, and any other information that you believe is pertinent.

Lastly, include the following OPTIONAL materials if possible. Including these materials (#4 & #5) will increase your chances for sponsorship but they are not required:

- 4.) A copy of your school leaving certificate
- 5.) A recommendation letter from a teacher or administrator from your school.



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Please Insert a Clear
and recent passport
picture of yourself.

Student Personal Information	
First Name:	
Surname:	
Other Names:	
Gender:	
Date of Birth:	
Religion:	
Primary School:	
Secondary School: (if attended)	
Current Class:	
Do you Have any Chronic illness: (Please Specify)	



PARENT /GUARDIAN INFORMATION		
	MOTHER OR GUARDIAN 1	FATHER OR GUARDIAN 2
First Name:		
Last Name:		
Married/divorced/separated/single parent/widowed (Describe as appropriate)		
Alive or deceased?		
Occupation		
Contact Number:		
Alternative Contact Number:		



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