



## **PARTIAL SCHOLARSHIP APPLICATION FORM FOR TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING OF UNEMPLOYED YOUTH**

### **PAPROJECT: BUILDING OPPORTUNITIES FOR RESILIENCE IN THE HORN OF AFRICA (BORESHA-NABAD)**

#### **FINANCIAL ASSISTANCE**

Financial assistance is based on financial need, regular attendance and academic performance. The assistance will be determined on a case-by-case basis.

#### **OBJECTIVE OF THE TRAINING**

The training component entails support for the youth currently residing within Mandera County, and who have no formal training. The Programme shall select individuals to be trained in local Technical Training Institutions to enhance their skills to secure gainful employment thereafter. The proposed training program is also aimed at building the youth economic capabilities through self-development.

#### **ELIGIBILITY:**

- Kenyan citizen.
- Preferably aged between 18 and 35 years old.
- Should be a resident of Mandera County.
- Has admission to a TVET institution, preferably in Mandera County, for a short course of **3 to 6** months
- Must have ability to read and write with possession of a school certificate or result slips (primary or secondary).
- Should be able to meet part of his/her training cost, accommodation, meals and transport. The scholarship will cater for **TUITION AND EXAMINATION fees only**.
- **Women and persons living with disabilities are particularly encouraged to apply.**
- Preference will be given to applicants enrolled for the following courses: Masonry, plumbing, motor vehicle technicians, welding and fabrication, mobile repairing, catering, beautification/saloon fashion and design, agriculture related courses, repair and maintenance of home electrical appliances (Air Conditioning, Refrigeration, technology, and green energy), etc.

#### **APPLICANTS MUST PROVIDE**

1. Copy of National ID/Passport or waiting card.
2. Completed application form.
3. Certified Institutional Fees Structure/Examination Fees
4. Certified copies of the Kenya Certificate of Primary Education or result slips (Certification to be Done by the School) Or;
5. Certified copies of the Kenya Certificate of Secondary Education or result slips (Certification to be Done by the School).
6. Certified copies of the School Leaving Certificate (Certification to be done by the School).
7. Demonstrated financial need (Attach Letter from Area Chief/Local Religious Leader)



**PART A: Applicant's Personal DETAILS**

|  |   |  |  |   |   |         |                |           |  |
|--|---|--|--|---|---|---------|----------------|-----------|--|
| Passport Photo   |   |  |  |   |   |         |                |           |  |
| Surname  |   |  | First name                                       |   |   |         | Middle name    |           |  |
|  |   |  |  |   |   |         |                |           |  |
| note: names above should be as per KCPE/KCSE Enrollment. |   |  |  |   |   |         |                |           |  |
| Email  |   |  |  |   |   |         |                |           |  |
| Telephone no   |   |  |  |   |   |         |                |           |  |
| ID number  |   |  |  |   |   |         |                |           |  |
| Box number   |   |  | Postal Code                                      |   |   |         | Town           |           |  |
|  |   |  |  |   |   |         |                |           |  |
| Gender   |   |  | Date of Birth (attach copy of birth certificate) |   |   |         | Marital Status |           |  |
| M  | F |  | D  | D | M | M       | Y              | Y         |  |
|  |   |  |  |   |   |         |                |           |  |
| Place of Residence                                       |   |  |  |   |   |         |                |           |  |
| County   |   |  | Constituency                                     |   |   |         | Sub County     |           |  |
|  |   |  |  |   |   |         |                |           |  |
| Division   |   |  | Location   |   |   |         | Sub Location   |           |  |
|  |   |  |  |   |   |         |                |           |  |
| Highest Education Level                                  |   |  | None   |   |   | Primary |                | Secondary |  |
|  |   |  |  |   |   |         |                |           |  |



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| Education Level  | Academic Performance (Marks/Grade) | Year of Exam |
|--|------------------------------------|--------------|
| Primary School (Attach Result Slip & School Leaving Certificate Certified by School) |                                    |              |
| Secondary (Attach Result Slip & School Leaving Certificate Certified By School)      |                                    |              |

| Do you have any special needs (Tick Appropriately)    | Yes |  | no |  |
|---|-----|--|----|--|
| Visually Challenged (Provide Evidence) (Attachment)   |     |  |    |  |
| Physically Challenged (Provide Evidence) (Attachment) |     |  |    |  |
| Hearing (Provide Evidence) (Attachment)               |     |  |    |  |
| Other (Specify) (Provide Evidence) (Attachment)       |     |  |    |  |

| Course you are Admitted to (As per the copy of Admission Letter): |             |  |
|---|-------------|--|
|   | Institution |  |
|   | Course      |  |



**PART B: PARENT'S DETAILS**

|                         |               |         |          |         |
|-------------------------|---------------|---------|----------|---------|
| Parents' Marital Status | Single parent | Married | Divorced | Widowed |
|-------------------------|---------------|---------|----------|---------|

| FATHER   |     |     | MOTHER  |     |    |
|--|-----|-----|---|-----|----|
| a) Is your father alive?                                 | Yes | no. | a) Is your mother alive?                              | Yes | no |
| b) If yes give his age;                                  |     |     | If yes give her age;                                  |     |    |
| c) name: _____   |     |     | c) name: _____  |     |    |
| d) ID no. _____  |     |     | d) ID no. _____                                       |     |    |
| e) Occupation: _____                                     |     |     | e) Occupation: _____                                  |     |    |
| f) Phone number  |     |     | f) Phone number                                       |     |    |
| g) Name and address of employer(s)                       |     |     | g) Name and address of employer(s)                    |     |    |
| If retired give name(s) and address of last employer(s). |     |     | retired give name(s) and address of last employer(s). |     |    |
| Year of retirement: _____                                |     |     | Year of retirement: _____                             |     |    |
| Employer's Telephone no:                                 |     |     | Employer's Telephone no:                              |     |    |
|  |     |     |   |     |    |

|                                  |  |
|----------------------------------|--|
| Guardian Details (If Applicable) |  |
| Guardian's name                  |  |
| Guardian's Phone number          |  |



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|                           |  |
|---------------------------|--|
| Guardian's Email Address  |  |
| Guardian's Postal Address |  |



**PART C: Information About Financial Status**

a. Approximate current gross family income per month.

| Item  | Father | Mother | Total |
|---|--------|--------|-------|
| Gross income from employment (Salary or Pension)          |        |        |       |
| Income from Business e.g. Shop, Hotel,                    |        |        |       |
| Income from farming e.g. Crops, Livestock etc.            |        |        |       |
| Income from other sources e.g. remittances from relatives |        |        |       |
| Income from Harambee and Donations.                       |        |        |       |
| Others e.g. CDF, HELB, NGO                                |        |        |       |
| TOTAL   |        |        |       |

b. Applicant’s Siblings in Educational Institution *(Please include documentary evidence)*

| Child’s name | Institution name | Year of Study | Expected Education Expenditures |
|--------------|------------------|---------------|---------------------------------|
| 1.           |                  |               |                                 |
| 2.           |                  |               |                                 |
| 3.           |                  |               |                                 |
| 4.           |                  |               |                                 |
| 6.           |                  |               |                                 |
| TOTAL        |                  |               |                                 |

c. Number and age of siblings not in school\_

Are you a beneficiary of the previous training BORESHA (I, II, III e.t.c)

Yes

No

If yes, please specify

| S/n | Name of Institution | Course | Grade/Level | Grade Achieved |
|-----|---------------------|--------|-------------|----------------|
| 1   |                     |        |             |                |



**TERMS AND CONDITIONS**

- 1) RACIDA reserves the right to withdraw, at any time and from time to time, any scholarship awarded to a holder who does not attain the required pass mark in the various assessments conducted by the respective training institution.
- 2) A candidate in-respect to whom a scholarship is withdrawn will not be eligible for the re-award of a scholarship.
- 3) Scholarship once awarded, unless withdrawn, will be tenable in respect to any student for the duration of the course only.
- 4) A scholarship awarded to an applicant is not transferable to any other candidate whatsoever.
- 5) Any applicant who gives false information or submits fake documents in support of the request for a scholarship shall be liable to disqualification.

**Note:**

- All spaces in this form should be filled; otherwise, the application will not be considered.
- All completed forms to be received on or before **16<sup>th</sup> September 2025 at the** nearest TVET/VTC institutions or RACIDA Offices in Rhamu and Mandera
- Certified copies, by the school, of KCPE or KCSE certificates **MUST** be attached.
- Only shortlisted candidates will be contacted.
- Attach a letter from the Area Chief or the Local Religious Leader demonstrating your financial need against the information about your financial status.

**\*Canvassing will lead to automatic Disqualification\***

Attachments

|  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| i) KCPE/KCSE Certificate                                     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii) School Leaving Certificate                               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii) Admission letter  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii) Recommendation letter from Chief/Local Religious Leader | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv) Copy of National ID/Passport                             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |



Name of Area Chief/Religious Leader \_\_ Phone Number\_\_\_\_\_

Applicant Certification

I hereby certify that all the information provided on this form and all supplementary forms is correct, and complete. I hereby authorize RACIDA or its representatives to obtain additional information concerning my educational programme and financial status needed to complete the processing of this application. It is also my understanding that RACIDA, may, as it deems appropriate, release others who may be considering me for financial assistance or making decisions relating to my educational plans, information concerning the amount of any award I may receive. Any falsified information may lead to disqualification.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Local Administrations Certification

I certify that the above applicant is a resident of \_\_\_\_\_ Sub-location/Location/Sub- County within \_\_\_\_\_ County.

Area Chief's Stamp and Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY (To be filled upon submission of the duly filled form at RACIDA offices in Mandera)**

Date Received \_\_\_\_\_ Receiving Officer \_\_\_\_\_ Signature \_\_\_\_\_

**Note: The filling of this application form DOES NOT guarantee the applicant to receive sponsorship.**  
*Application forms can be accessed from respective TVET/TVC institutions or be downloaded from RACIDA website. [www.racida.org](http://www.racida.org)*

[FOR AND ON BEHALF OF RACIDA]