



KAICOMBEY FOUNDATION

BURSARY / SCHOLARSHIP APPLICATION FORM

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**SERVICE TO HUMANITY**

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**KINDERGARTEN BURSARY APPLICATION FORM**

**Parent/Guardian Bursary Fund Application**

To be completed by the bursary candidate's parent or guardian

*This financial assistance is a supplementary award that normally goes towards students living expenses, books, and 50 to 100% of tuition fee as per student's financial need and the availability of funding. However, the award advert will specify the eligibility and terms of reference for that year. In order to be considered, you must prove financial need and must be making satisfactory academic progress. Apparently, not everyone who qualifies will receive a bursary/scholarship because of limited funding. It is a standing policy that, no Kaicombey Families and relatives are eligible for this bursary/scholarship in question; neither gives reference nor be a referee for any applicant. Complete page 1 to 4 of this application form. Please attach all supporting documents including copies of your previous and current academic documents / transcript etc.*

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

GENDER: M / F

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

NAME OF CHILD/APPLICANT \_\_\_\_\_ BOY / GIRL(circle one)

STANDARD (CLASS) FOR WHICH ASSISTANCE IS REQUESTED: # \_\_\_\_\_

BURSARY / SCHOLARSHIP AMOUNT REQUESTED \$ \_\_\_\_\_ (Attach copies of school report card).

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



KAICOMBEY FOUNDATION

KINDERGARTEN BURSARY / SCHOLARSHIP APPLICATION FORM

WE REQUIRE INDEPENDENT VERIFICATION OF YOUR FINANCIAL NEED. PLEASE PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF A COMMUNITY AGENCY REPRESENTATIVE OR OTHER NON-RELATED PERSON WHO CAN MAKE THIS VERIFICATION.

REFERENCE NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

AGENCY OR RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REFERENCE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I HEREBY DECLARE THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS COMPLETE AND TRUE. THEREFORE, CONSENT AND AUTHORIZE THE DISCLOSURE TO THE AWARD AND FINANCIAL COMMITTEE OF THE KAICOMBEY FOUNDATION ANY INFORMATION FROM ANY PERSON(S), PRIVATE OR PUBLIC ORGANIZATION, WHICH WOULD ASSIST IN DETERMINING MY ELIGIBILITY FOR THIS SAID AWARDS. I ALSO GRANT THE FOUNDATION PERMISSION TO RELEASE MY NAME AND ADDRESS TO THE DONOR OF ANY AWARD I MIGHT RECEIVE FROM THE FOUNDATION.

NAME OF APPLICANT: \_\_\_\_\_

(Please print your name)

SIG: \_\_\_\_\_ DATE: \_\_\_\_\_



THE KAICOMBNEY FOUNDATION

**Permission to The Kaicombey Foundation for the use of my information**

It is the responsibility of The Kaicombey Foundation to bring to your notice, the use of your information that include any or all written lists, your pictures, audio and video recording, emails, files or data collected material for promotional purposes of the organization.  
The Kaicombey Foundation respects your rights to privacy and protection of information. Your privacy is very important to us.

Our policy is design to seek your consent to make important decision and disclosures about how we can use, collect and or share your information / content, like videos and photos with the public through our website or other medium / forum.

My name and signature below confirms that I..... accept and authorize The Kaicombey Foundation  
(insert your first and last name)

to use whatever information collect from / about me. I specifically give The Foundation permission for use in news, stories or promotional materials for the purpose of the Foundation.

PLEASE NOT THAT YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS PERMISSION FORM !

.....  
NAME OF PARENT (please print)

.....  
SIGNATURE / DATE

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WITNESS SIG. /DATE

COMMENT (Official use)

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