



# TORCH REGULATED NON-WDT SACCO SOCIETY LTD

P.O. Box 90401-80100 Mombasa, Refinery Road, Changamwe

Tel: +254 3433511 Ext. 245 | Mob: +254 768 429245, +254 734 523777

Email: [info@torchsacco.com](mailto:info@torchsacco.com) | Website: [www.torchsacco.com](http://www.torchsacco.com)

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## TORCH REGULATED NWDT SACCO SECONDARY SCHOOL BURSARY APPLICATION FORM 2023

### INSTRUCTIONS/GUIDELINES:

- This form is given free of charge by TORCH Regulated NWDT Sacco Society Limited.
- This form must be filled accurately and completely in **CAPITAL LETTERS**, please note that inaccurately filled forms will automatically be rejected.
- The information provided in this form is intended to assist TORCH SACCO Board of Directors to assess the suitability of the applicant for the award of the bursary.
- On being called for an interview, the applicant must bring the originals of all documents attached.
- Copies of all documents required must be provided by the applicant. Any applications without relevant documents will be rejected.
- Canvassing will lead to automatic disqualification.
- The completion and submission of this form is not a guarantee for the bursary award.
- Any false statements, omissions or forged documents will lead to automatic disqualification.
- Torch Sacco Board of Directors reserves the right to make the final determination of the bursary award.
- The form can be downloaded from the TORCH Regulated NWDT Sacco Society Limited Website: <https://www.torchsacco.com/bursaryapplicationform2023.pdf>
- Duly filled form and relevant documents can be sent via email to [info@torchsacco.com](mailto:info@torchsacco.com) OR dropped at the TORCH Regulated NWDT Sacco Society Limited Office, Refinery Road, Changamwe.
- **THE APPLICANT MUST BE A STUDENT IN A SECONDARY SCHOOL WITHIN CHANGAMWE CONSITUENCY.**

### PART A: APPLICANT'S PERSONAL DETAILS PERSONAL DATA

#### Full Name of Applicant:

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

Gender: Male  Female  (Mark as appropriate)

Mobile Number: \_\_\_\_\_

Physical Address: County: \_\_\_\_\_ Sub-County: \_\_\_\_\_

Ward: \_\_\_\_\_ Location: \_\_\_\_\_ Sub-Location: \_\_\_\_\_



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## PART B: APPLICANT'S FAMILY INFORMATION

### PARENTS' INFORMATION

#### Father's Full Name:

FirstName: \_\_\_\_\_ MiddleName: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Physical Address: County: \_\_\_\_\_ Sub-County: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

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

#### Mother's Full Name:

FirstName: \_\_\_\_\_ MiddleName: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Physical Address: County \_\_\_\_\_ Sub-County: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

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

### GUARDIAN INFORMATION (If not living with the parents)

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

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

Physical Address: County \_\_\_\_\_ Sub-County: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

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



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## PART C: APPLICANT'S EVIDENCE OF NEED

### APPLICANT'S INFORMATION

Indicator	Description
Why are you applying for the Bursary?	
Have you received any financial support/bursaries in the past? Please provide details:	

Who do you live with? Parent(s) \_\_\_\_\_ Guardian(s) \_\_\_\_\_ Other Specify \_\_\_\_\_

### FAMILY INFORMATION

Indicator	Description
Has your family been affected by civil conflict or natural disasters such as displacement, flooding, drought, fire or famine? Describe:	
Please describe any other cause of disadvantage or vulnerability?	
Any siblings in i) Secondary School: ii) University:	

**(SKETCH A DIRECTIONAL MAP TO THE HOME FROM THE NEAREST LANDMARK)**



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## Part D: How did you learn about Torch Sacco Bursary?

(Please mark as applicable)

- School – teacher, principal or counselor
- Church, mosque
- Friends, parent, guardian or relative
- Torch Sacco member
- Social networks such as Facebook, Twitter, WhatsApp

## 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 Torch Sacco Board of Directors or its representatives to communicate and release information to others who are involved in making decisions relating to this application. In the event I am awarded the Bursary, I commit to work hard so as to excel in my studies.

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

### PARENT'S/GUARDIAN'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 Torch Sacco Board of Directors or its representatives to communicate and release information to others who are involved in making decisions relating to this application.

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

## Part F: RECOMMENDATIONS

This part must be completed by the relevant authorities indicated. Any false information will lead to disqualification.

### 1. School Principal:

Please report on the above named applicant's performance, conduct, special interests and talents. Also explain why he/she should be considered for the award of Torch Sacco Bursary.

How long have you known the candidate /family? \_\_\_\_\_

Rate the candidate's financial ability: Middle Income \_\_\_\_ Poor \_\_\_\_ Very Poor \_\_\_\_



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I have reviewed the information given in this form and believe it to be truthful. The above named is a student in 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: \_\_\_\_\_

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

Physical Address: County \_\_\_\_\_ Sub-County: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

## 2) Provincial Administration (Chief or Assistant Chief)

How long have you known the candidate/family? \_\_\_\_\_

Rate the candidate's financial ability: Middle Income \_\_\_\_\_ Poor \_\_\_\_\_ Very Poor \_\_\_\_\_

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/she is needy/vulnerable.

Name: \_\_\_\_\_ Signature & Official Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

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

Physical Address: County: \_\_\_\_\_ Sub-County: \_\_\_\_\_

Mobile Number: \_\_\_\_\_