





Blooming Futures Foundation

Student Vulnerability Assessment & Scholarship Application Form

Section 1: Personal Information Full Name:					
Date of Birth::					
Gender:,					
Nationality:					
Home Address:					
Phone Number::					
Email Address:,					
Parent/Guardian Name(s):					
Parent/Guardian Contact Number:					
Relationship to Applicant:					
Section 2: Educational Background Current School/Institution:,					
Current Grade/Level:					
Type of Institution:					
□ High School					
□ College					
□ University					
Intended Course of Study (if applicable):					

Section 3: Family & Socio-Economic Background Number of People in Household: Number of Siblings: Are any siblings currently in school? □ Yes □ No Parent/Guardian Employment Status: □ Employed □ Unemployed □ Self-Employed □ Retired □ Deceased Monthly Household Income (approximate): Below [Ksh] 1000 [Ksh] 1000 - 5000 Above [Ksh] 5000 Does the family receive any government or NGO assistance? □ Yes (please specify): □ No Type of Housing: □ Owned □ Rented

□ Temporary/Shelter					
□ Other (please specify):					
Section 4: Vulnerability Assessment Please indicate if any of the following apply to the applicant (tick all that apply):					
□ Orphaned (one or both parents deceased)					
□ Living with a disability					
□ Chronic illness (self or immediate family)					
□ Single-parent household					
□ Displaced/Refugee status					
□ Victim of abuse or neglect					
□ Other (please specify):					
Briefly describe the challenges faced by the applicant and family:					
(Attach additional pages if necessary)					
Section 5: Scholarship Request Type of Scholarship Requested:					
□ High School					
□ College					
□ University					
□ Basic Upkeep Necessities					
Other (Specify)					

Level of Assistance Needed:					
□ Fully Funded					
□ Partial (please specify percentage or amount):					
List specific needs (tuition, books, uniforms, transport, meals, accommodation, etc.):					
Section 6: Motivation Statement In your own words, explain why you are applying for this scholarship and how it will impact your future:					
(Minimum 150 words)					
Section 7: Supporting Documents Checklist □ Copy of birth certificate or national ID					
□ Latest academic report or transcript					
□ Proof of household income (pay slip, letter from employer, etc.)					
□ Recommendation letter from school or community leader					
□ Any relevant medical or legal documents					
□ Any other supporting documents					

Section 8: Declaration

I hereby declare that the information provided in this application is true and complete to the best of my knowledge. I understand that any false information may result in disqualification from the scholarship program.

Applicant Signature:					
Date:					
Parent/Guardian Signature:					
Date:					
For Official Use Only					
Date Received:	Official Stamp.	Sing			
		Receiving Office	er		
Application Number:					
Assessment Outcome:					
Scholarship Awarded:					
Comments:					
Submit completed application	and all supporting c	locuments to:			
Blooming Futures Foundation					
growthinsire572@gmail.com					