



KAICOMBEY FOUNDATION

BURSARY / SCHOLARSHIP APPLICATION FORM

SERVICE TO HUMANITY

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.

It is a most that, all applicants are to fill out all the required pages of this application form.

1. **Full name:** _____ Gender: M or F (circle one)
2. **Address:** _____
3. **Contact Tele/Cell:** _____ **Email :** _____ (if applicable)
4. **In which degree or pre-professional program are you enrolled?** _____
5. **What is your intended or declared field of studies?** _____
6. **When will you graduate in this field of studies?** _____
7. **Name of Institution will you attend for this applying year?** _____
_____ **I.D No:** _____ (if applicable)
8. **Address of Institution:** _____
9. **Outline your current source/s of income:** _____
10. **Contact source/s of Income:** _____
11. **Name and contact of previous source of income (if applicable):** _____

12. **Outline your extra-curricular interest and involvements and your career or future study plans.** _____

13. **Have you ever receive an award from the Foundation?** _____ **If yes, when did you receive it?** 20 _____
14. **Your comment as previous recipient/ beneficiary of The Foundation education fund:**

We promote & support international Solidarity, advocate, and defend environmental Justice, protect Human and Peoples Rights, Fundamental & Social Justice.

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Permission To Conduct Reference Check

I _____, hereby authorize The Kaicombney Foundation
(Insert your name)
to solicit a reference in connection with my application for a scholarship / bursary.

I hereby authorize the referees to provide a reference in connection with my
application for bursary / scholarship with The Kaicombney Foundation for Sustainable
Development, and release them from any liability concerning it.

Provide potential names, addresses of referees and relationship to referees below.

NAMES CONTACT ADDRESS / TEL RELATIONSHIP

- 1.....
- 2.
- 3.....

NOTE:

It is a standing policy that family members / relatives / or much related family friends to the kaicombney family should not serve as a referee, neither give reference for any applicant. The Kaicombney Family is also not eligible for this scholarship/bursary in question. All application should be fax or email to the following contacts. However, an alternative arrangement is to submit the forms to the nearest chapter office in your country of resident. Reference to web for contact address at www.kaicombneyfoundation.org .
Email: kaicombneyfoundation@yahoo.ca , kaicombney@kaicombney.org
FAX: +1204-2839910

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 Kaicombney Foundation any information from any person/s, private or public organization, which would assist in determining my eligibility for the said awards. I also grant the Foundation permission to release my name and address to the donor of any award I might receive.
That should I withdraw from studies, I will notify The Kaicombney Foundation about my academic status and also grant the Foundation permission to request and receive information pertaining to my academic progress

Name of Applicant: _____ Signature of Applicant _____ Date: _____
(Please print your name)

THE KAICOMBEY 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 (please print)

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SIGNATURE / DATE

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WITNESS SIG. /DATE

COMMENT (Official use)

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