RUWE HOLY GHOST CHURCH (E.A.)

ARCHBISHOP JOEL OFUNA FOUNDATION

(AJOF)

P.O BOX 2315-40100 KISUMU

TEL: 0722382776

DATE.....

APPLICATION FOR ASSISTANCE

PERSONAL DETAILS:

Full Name:……

Date Of Birth:……..

Church:…….

Pastorate:…….

Diocese:……

County:…….

School and Class……..

Tick inside the box where applicable:

NATIONALITY: Kenyan ☐ Ugandan ☐ Tanzanian ☐

GENDER: Female ☐ Male ☐

CONTACTS:…….....

ID NUMBER:…….....

Reasons For Request:

EDUCATION: Primary ☐ Secondary ☐

ANY OTHER: Explain……

CONDITIONS

1) Are you a member of Ruwe Holy Ghost Church of East Africa? Yes ☐ No ☐

   If No, state the church……

2) If a member of Ruwe Holy Ghost Church, then must be up to date with Annual Thanks giving (*Mich Higa*) payments (Not less than 5 years).
3) For Form 1 applicants, boys must attain **340 marks** while girls must attain **320 marks** in K.C.P.E
4) For Form 1 applications, applicants must attach:
   a) K.C.P.E Result slip.
   b) Copy of admission letter.
   c) Copy of Annual Thanks Giving cards for the applicant and parents/Guardians'. (For Ruwe holy Ghost Church members).
   d) Copy of parents'/guardians' identity card (ID).
   e) Copy of Birth Certificate.
5) Are you applying for the first time or not?
   Explain…….
6) If you are a continuing student, attach the original and copy of report form.
7) State if both parents are alive. If not, attach copy of death Certificate.

RECOMMENDED BY:

Head of last Primary School……..Tel……

Head of Secondary School……..Tel……

Church Minister……...Church……Tel……

Pastor…….Pastorate…….Tel……

Bishop…….Diocese……..Tel…….

Diocese Representative……. Tel……

N/B: If the applicant is not a Ruwe Holy Ghost Church of E.A member, then he/she **MUST** be recommended by :

1) Your Church Minister/Pastor…….....Church……

   Sign……

Official stamp: ☐

2) Area Assistant Chief…….....

Sub. Location……Tel…….Sign……

Official Stamp:

FOR OFFICIAL USE ONLY:

APPROVED: YES ☐ NO ☐

If NO, Give reasons……

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…….....

CONFIRMED BY:

Board Secretary…….....SIGN…….....

Board Chairman……....SIGN……