

## 2020 YOUNG AFRICA WORKS IN KENYA SCHOLARSHIP APPLICATION FORM FILM PRODUCTION

(TO BE COMPLETED IN BLOCK LETTERS)

Dear Applicant,

We are excited that you are applying for the Young Africa Works in Kenya programme. Before completing the application form, please read the information below carefully.

- i. Application form must be completed in full. Only complete applications will be considered.
- ii. Admission into the programme is based on a competitive selection process.
- iii. During the interview, you will be expected to come with the following items: -
  - a. Completed application form
  - b. 2 Passport size photos
  - c. Original and 2 copies of National ID
  - d. Original and 2 copies of certificate of your highest level of education.

### SECTION A: GENERAL INFORMATION ON YOUNG AFRICA WORKS PROGRAMME

KCB Foundation in partnership with the MasterCard Foundation's Young Africa Works project in Kenya are jointly implementing an innovative 5-Year (2019 -2024) nationwide project that seeks to create opportunities for 114,000 youth. This project will be implemented under the 2JiAjiri programme of the KCB Foundation.

The programme targets to reach applicants within the small and micro enterprises spread across 3 economic sectors of:

1. Agriculture
2. Manufacturing
3. Construction

Filamujuani is a multimedia training institute that seeks to tell the Young Africa Works in Kenya 5-year story. This will be achieved through a 3-month training programme in Creative Arts. Post training, beneficiaries will be engaged through Filamujuani to tell the Young Africa Works story through Film, Video, photography etc.

### Scholarship Selection Criteria

**Eligibility:** To qualify for the Young Africa Works in Kenya scholarships in Film Production, all applicants must fulfill the criteria below:

- Be aged between 18 and 35 years
- Have a National ID
- Be able to read and write
- Be a high school graduate and demonstrate interest in creative arts i.e. filmmaking, videography and photography.
- Commit to attend a 3-month training in the participating technical training institutions provided
- Must fulfill the criteria and be within one of the three categories (Business Owner, Apprentice or Skiller)

#### NOTE

Applicants will be given equal opportunity and shall not be discriminated on the basis of disability, gender, regional, religious and ethnic background. **Women and Persons with Disabilities (PWDs) are highly encouraged to apply.**

## SECTION B: BIO DATA

Please note that any false information will lead to automatic disqualification at any point.

ATTACH PASSPORT SIZE PHOTO HERE	Full name of applicant:		
	Sex (Male/Female):		
	Date of Birth:		
	ID Number:		
	County of Residence:		
Mobile Number:		Alternative Contact Number:	
P.O. Box:			
Email Address:			
How did you find out about the scholarship?	<input type="checkbox"/> KCB Branch <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> KCB Foundation Website <input type="checkbox"/> Other (specify): .....		

## SECTION C: CATEGORY WHICH YOU FALL UNDER

Business Owner	Apprentice	Skiller
a. The business must be existing at the time of this application and operational for a minimum of one year and a maximum of five years.  b. Applicant must provide records/evidence to prove operational existence e.g. business permits  c. Applicant must have a verifiable business location	a. Applicant must have worked under a supervisor for the past 6 to 12 months performing aspects of the skill they are applying the scholarship for.  b. Must be between 18 and 35 years' old	a. Applicant does not need to have any prior experience in the skill they are applying the scholarship for.  b. Must be between 18 and 35 years' old
Tick the category you fall under (Tick One Only) Business Owner <input type="checkbox"/> Apprentice <input type="checkbox"/> Skiller <input type="checkbox"/>		

For Business Owners and Apprentices, answer part a or b on the next page with the most accurate information. (You can only fill one category)

## A. BUSINESS OWNER

Name of Business:	
Location of Business: (County, Town, Village, Plot, Building and Street)	
How long has the business has been in operation:	
Is the business registered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Nature of Business: (e.g., creative agency, production house, etc.)	

## B. APPRENTICE

Are you currently working/ undertaking apprenticeship/training?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state location of employment / business (County, Town, Village, Plot, Building and Street):	
Name of current employer/supervisor:	
Contact of current employer/supervisor:	
Nature of employment/ business:	



## SECTION E: APPLICANT DECLARATION

I certify that the information contained in this application is true and correct to the best of my knowledge and belief.

### Signed by the Applicant:

Name ..... ID Number .....

Signature ..... Date .....

## FOR OFFICIAL USE ONLY

Name of Training Institute:	
Duration of Training:	
Name of Interviewer:	
Staff/ID Number:	
Signature of Interviewer:	
Date of Interview:	

