COLLEGE OF PROFESSIONAL STUDIES
DEEVA
BEAUTY COLLEGE
Salon & Spa

Sponsorship Application Form

INSTRUCTIONS:

1. Complete this form in BLOCK letters.

2. Incomplete forms will not be considered.

3. Attach copies of required documents (see checklist at the end).

Section A: Personal Information

Full Name (as per ID/Birth Cert)	
Date of Birth (dd/mm/yyyy)	Age:
Gender	☐Male ☐Female
National ID / Birth Cert No.	
Phone Number	
Email Address	

Address (Village/Estate): _____

County/Sub-County: _____

Section B: Family & Background

Family Status (tick one):
☐Both Parents Alive ☐Single Parent ☐Total Orphan ☐Partial Orphan ☐Guardian Care
☐Other: _____

Parent/Guardian Name	Occupation	Phone Number

Number of siblings: _____ Number currently in school/college: _____

Approximate family monthly income (KSh): _____

Reason for seeking sponsorship: _____

Section C: Education &Training Details

Course Applied for: ☐Hairdressing ☐Beauty Therapy

Admission/Registration Number (if applicable): _____

Have you ever trained/worked in this field before? ☐Yes ☐No

If yes, please explain: _____

Why do you want to pursue this course? _____

What do you hope to achieve after completing training? _____

Section D: Socio-Economic & Health Information

Tick where applicable:

☐Partial Orphan ☐Total Orphan ☐Health Challenges ☐Economically Underprivileged Family

☐Differently Abled ☐Gender Discrimination ☐Other: _____

Do you suffer from any disability or chronic illness? ☐Yes ☐No. If yes, specify: _____

Do your parents/guardians have any disability or chronic illness? ☐Yes ☐No. If yes, specify: _____

Section E: Commitment

☐I commit to attending all classes and completing the course.

☐I understand this is a sponsorship opportunity and I will give it my best.

Applicant's Signature: _____ Date: _____

Guardian's Signature (if applicable): _____ Date: _____

Section F: Referees & Verification

Provide details of two referees who know the applicant/family well:

Referee Name	Relationship/Designation	Phone/Email

Verification by Chief / Religious Leader / Elder:

Name: _____ Signature: _____ Date: _____ Stamp: _____

Section G: Attachments Checklist (Mandatory)

☐Copy of National ID / Birth Certificate

☐Copy of Parent/Guardian ID

☐Recommendation letter from area chief/pastor/elder

☐Recent passport-size photo

☐Admission Letter (if applicable)

☐Any supporting documents (e.g., death certificate)

☐Copy of Academic credentials (if applicable)

Section H: Commitment Statement

I, _____ (Applicant's Full Name), do hereby declare that the information provided in this application is true and correct to the best of my knowledge.

I understand that:

• This is a sponsorship opportunity provided by Compassionate Foundation through Deeva Beauty College.

• I am required to attend all classes, participate fully in training, and complete the course successfully.

• Failure to adhere to the college's rules and regulations may lead to withdrawal of the sponsorship.

• The skills I acquire will be used responsibly to build a career in hairdressing/beauty therapy.

Applicant's Signature: _____ Date: _____

Guardian's Signature (if applicable): _____ Date: _____

Section I: For Official Use Only

Application No: _____
Review Committee Recommendation:

☐ Approved for Sponsorship ☐ Not Approved for Sponsorship

Duration of Sponsorship: _____

Remarks:
_____

Panel Signatures:

Chairperson: _____ Date: _____

Secretary: _____ Date: _____

Member: _____ Date: _____Official Stamp: _____