

**Note:**

The following are the adopted schools as at **July 1, 2021**

1. Lwero Primary School
2. Uyundo Primary School
3. St. Joseph Ochiel Primary School
4. St. Mary's Ukwala High School
5. St. Anne's Sega Township Secondary School
6. Ndenga Secondary School
7. St. Joseph Uyundo Secondary School
8. Kagonya Secondary School
9. St. Anne's Sega Girls High School

**OTHER SCHOOLS**

1. Lifunga Girls Secondary School
2. Bar Odar Secondary School

The above schools will in future form one Digital Academy known as KISWATE DIGITAL ACADEMY after being connected digitally to colleges / universities overseas with scholarships on games and sports. Any student on KISWATE scholarship must demonstrate mastery of spoken Kiswahili language by the end of high school education. Video clips of beneficiaries speaking in Kiswahili when engaged in any school activity will form the basis of renewal of KISWATE scholarship / financial assistance. It is the responsibility of the beneficiary to submit such clips via whatsapp through Kiswahili teacher once every month. KISWATE CEO will visit all beneficiaries once every term to evaluate progress on academics, out of class activities and spoken Kiswahili.

**Contact:**

**KISWATE COMMUNITY SERVICE FUND**

+254723842113 / +254722762182

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<https://youtu.be/ccXRpOFADGw>

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# KISWATE COMMUNITY SERVICE FUND



LWERO PRIMARY SCHOOL



ST. JOSEPH OCHIEL PRIMARY SCHOOL



UYUNDO PRIMARY SCHOOL

**ADOPTED PRIMARY SCHOOLS**



ST. JOSEPH UYUNDO SECONDARY SCHOOL



NDENGA SECONDARY SCHOOL



ST. ANNE'S SEGA TOWNSHIP SECONDARY SCHOOL



ST. MARY'S UKWALA HIGH SCHOOL

**SCHOLARSHIP**



**ATHLETICS**



**FOOTBALL**



**KISWAHILI TRANSLATOR**



**GET SPORTS SCHOLARSHIPS TO STUDY OVERSEAS**

**CAMPAIGN DURATION :**

Application **MUST** reach Kiswate Community Co-ordinator via e-mail or physical delivery not later than **Last Day of December of each Year**, at 2p.m. Any Application received after this date will be rejected.

**KISWAHILI TEKELEZI 2022**

**SCHOOLS APPLICATION FORM FOR SUPPORT TO PERFORM COMMUNITY SERVICE:**

NAME OF SCHOOL: .....

POSTAL ADDRESS: .....

PHYSICAL ADDRESS: .....

SCHOOL email address: .....

COUNTY: .....

SUB-COUNTY: .....

WARD: .....

NAME OF ACTIVITY TO BE PERFORMED: .....

STATE SPECIFIC AREA TO BE SUPPORTED: .....

FACILITIES: .....

PARTICIPANTS MEALS/SUBSISTENCE: .....

NAME OF PLACE/FACILITY: .....

DISTANCE OF THE PLACE FROM SCHOOL: .....

NUMBER OF PUPILS/STUDENTS FOR WHICH THE APPLICATION IS MADE: .....

ESTIMATED COST OF THE SUPPORT (KSHS): .....

**PUPILS/STUDENTS DETAILS:**

S/N	ADM NO	CLASS/FORM	PUPIL/STUDENTS NAME	REMARKS
1.				
2.				
3.				
4.				
5.				
6.				
7.				
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17.				
18.				
19.				
20.				

	SIGNATURE	SIGNATURE	DATE	STAMP
1	PRINCIPAL/HEAD TEACHER			
2	TEACHER IN CHARGE			
3	SCHOOL CAPTAIN			

**APPROVAL:**

COMMUNITY COORDINATOR: ..... SIGNATURE: .....

DATE/STAMP: .....

**REMARKS:**

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CEO: ..... SIGNATURE: .....

DATE/STAMP: .....

**REMARKS:**

.....

.....

FOUNDER: ..... SIGNATURE: .....

DATE/STAMP: .....

**REMARKS:**

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