

COUNTY GOVERNMENT OF THARAKA NITHI



EDUCATION BURSARY APPLICATION FORM

Form serial No.....

PART A

**I. PHYSICAL ADDRESS**

Sub County..... Ward..... Location... .. Sub

Location.....Village.....Date of Application.....

**II. STUDENTS PERSONAL DETAILS**

1. Full Name \_\_\_\_\_

Last First Middle

2. Gender: Male ( ) Female ( )

3. Date of Birth ..... Admin No.....

4. Name of School..... Form/Year: .....

5. School contacts: Mobile No. .... Email .....

**For those students joining Form 1: Please attach joining Instructions**

**(a) School Admitted:** (tick appropriately)

National ( ) County ( ) Sub county /district ( ) Day school ( )

**For students either joining form 1 or continuing in form 2, 3 or 4 (attach latest fee balance sheet)**

Total fees paid /able to raise outstanding balance

**Kshs..... Kshs..... Kshs.....**

Amount requested **Kshs.** .....

**Institution/School Banking Details**

School/Institution Account Name	Account Number	Branch

*(Attach a valid document to verify the above given information on banking details)*

**III. FAMILY INFORMATION**

1. *(Tick appropriately)*

- a. Both Parents Alive
- b. Both Parent Dead
- c. One Parent Dead
- d. Single Parent
- e. Any Disability

(Attach Support Documents e.g. Death certificate/letter explaining disability or any other disadvantage/any circumstances from chief, religious leader, prominent reference)

Father /Guardian's Name: \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_

Mother / Guardian Name: \_\_\_\_\_

Contact (parent/guardian) .....

- 2. How many brothers and sisters do you have?
- 3. How many children does the guardian have?
- 4. How many are working /in business/farming?
- 5. How many are in secondary school?
- 6. How many are in Post -Secondary Institution?

If an orphan, who has been paying for your education? **(For continuing students only)**

Guardian  Sponsor/well-wishers  Any other (specify)

7. Have you ever benefited from The Constituency Bursary Fund or any other Donor?

Yes  No

If yes state the Amount

Kshs .....

8. Have you applied for bursary from other schemes.....

**2. APPLICANT'S SIBLINGS IN EDUCATIONAL INSTITUTION**

Sibling's name/guardian's children	Name of institution	Year of study/class	Total fees	Fees paid	Outstanding balances
GRAND TOTAL					

**3. INFORMATION ABOUT FAMILY FINANCIAL STATUS**

**GROSS INCOME IN THE LAST 12 MONTHS –(KSHS)**

	Father	Mother	Guardian /Sponsor
GROSS INCOME			

Gross income: (this Means income from salary, business and farming)

**IV. DECLARATION**

**(i). STUDENT'S DECLARATION**

I declare that to the best of my knowledge the information given herein is true

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

(ii). **PARENTS /GUARDIAN’S DECLARATION**

I declare that I have read this form/this form has been read to me and I hereby confirm that the information given herein is true to the best of my knowledge.

Parent’s/Guardian’s Name .....

Telephone No .....

Parent’s/Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

(iii). **SCHOOL VERIFICATION**

(a) For continuing students

Year .....

The applicant **MUST** attach latest Report Form and **AUTHENTIC** current fee structure.

**V) OTHER:**

(i) **AREA CHIEF/ASSISTANT CHIEF**

Comment on the status of the family/parent \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that the information given above is correct.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

(ii) **RELIGIOUS LEADER**

Comment on the family/parent status

\_\_\_\_\_  
\_\_\_\_\_

I certify that the information given above is correct.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

(Official stamp)

Designation: \_\_\_\_\_

**(iii) AREA WARD ADMINISTRATOR COMMENTS**

I certify that the applicant is a resident of my ward and have checked and verified the information given as true to the best of my knowledge.

Name \_\_\_\_\_ signature \_\_\_\_\_ date \_\_\_\_\_  
(Official stamp)

**PART B**

**FOR OFFICIAL USE ONLY**

**(i) THE WARD BURSARIES COMMITTEE.**

SCORE

Approved for Bursary

Not approved for Bursary

Reasons:.....  
.....  
.....

Bursary awarded Kshs.

Full

Name.....Signature.....

(Secretary / Ward Administrator)

Address.....

Date.....Official stamp.....

Brief comments (Indicate minute number and the general opinion of the ward bursary committee)

.....  
.....  
.....  
.....

**(ii) COUNTY BURSARIES MANAGEMENT BOARD**

Recommended

Not recommended

Approval minute number.....

Date.....

Bursary Awarded Kshs.....

Bursaries Management Board

Chairperson Approval.....

.....

Name.....Signature.....

Date.....Official Stamp.....

## Award of scores

	Category	Marks
<b>Family status</b>		
1.	Orphan	12
2.	Vulnerable due to family or social setting	6
3.	Parent or guardian has no means of financial support	4
4.	Single parent	3
<b>Affirmative action or special circumstances</b>		
1	Child with disability	12
2.	Child from informal settlement or marginalized area	6
3.	Child with special needs	4
4.	Boy child or girl child	3
<b>Discipline</b>		
1.	Excellent	12
2.	Very good	6
3.	Good	4
4.	Fair	2
5	Poor	1
<b>Academic performance</b>		
1.	Excellent	9
2.	Very good	7
3.	Good	5
4.	Average	3
5.	Below average	1