

S/No.....

REPUBLIC OF KENYA



COUNTY GOVERNMENT OF VIHIGA

DEPARTMENT OF EDUCATION, SCIENCE, TECHNOLOGY AND VOCATIONAL TRAINING

P.O. BOX 344 – 50300,

MARAGOLI

BURSARY FUND APPLICATION FORM - (2017/18 F/Y)

WARD:..... LOCATION

SUB-LOCATION..... VILLAGE.....

PART A: STUDENT'S PERSONAL DETAILS

1. FULL NAMES:.....

LAST	FIRST	MIDDLE
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2. GENDER: MALE () FEMALE ()
3. DATE OF BIRTH..... TEL. NO.....
4. HOME ADDRESS.....
5. NAME OF INSTITUTION.....
6. CAMPUS..... POSTAL ADDRESS.....
7. PHYSICAL ADDRESS OF INSTITUTION.....
8. REG/ADM. NO..... YEAR OF ADM.....
9. COURSE..... DURATION.....

Total Fees (Kshs)	Paid/Able to raise	Outstanding Balance
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

10. FAMILY INFORMATION

Tick Appropriately

Both Parents Dead..... One Parent Dead.....

Both Parents Alive..... Single Parent.....

Any Disability.....

NOTE: Ensure **ALL** parts are fully filled, **ATTACH** Academic Reports, Current Fees Structure, copy of National ID Card and support documents: e.g. Death Certificates, letter explaining disability or other disadvantages/circumstances from Chief, Religious Leader, Prominent Reference)

Father's Name:.....Occupation/Profession.....Tel.....
 Mother's Name.....Occupation/Profession.....Tel.....
 Guardian's Name.....Occupation/Profession.....Tel.....

- I. How many brothers and sisters do you have?.....
- II. How many are working/in business?.....
- III. How many are in secondary schools?.....
- IV. How many are in post secondary institutions?
- V. If both parents are not alive, who has been paying for your fees? (tick)

Guardian	Sponsor/Well wisher	Self
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

VI. Briefly explain your reasons for inability to pay fees:

PART B: FINANCIAL

GROSS INCOME IN THE LAST 12 MONTHS (KSHS)

GROSS INCOME	SELF	FATHER'S	MOTHER'S	GUARDIAN'S

Gross income: This means income from salary, farming, business, donations and any other resources.

APPLICANT'S SIBLINGS IN OTHER EDUCATIONAL INSTITUTIONS

SIBLING'S NAME	NAME OF INSTITUTION	YEAR OF STUDY	TOTAL FEES	FEES PAID	BALANCE
GRAND TOTAL					

PART C:

1. Student's Declaration

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

Student Signature..... Date.....

2. Parent's/Guardian's Declaration

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

Parent's/Guardian's Signature..... Date.....

Telephone Number

3. Institutional Verification

Principal/Dean's Remarks (Please state if this student receives any other financial assistance - the amount including HELB and the Fees Balance).....

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.....

Principal/Dean..... Signature.....

Date and Rubberstamp.....

Telephone Number

Institution Reg. No......

4. Chief/ Assistant Chief

Comment on the status of the family.....

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I certify that the information given above is **CORRECT**.

Name.....

Signature..... Date & Rubberstamp.....

Position/Designation..... Tel. Number.....

5. Ward Administrator's Comments

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.....

Name..... Ward.....

Signature..... Date & Rubberstamp.....

PART D: FOR OFFICIAL USE ONLY

REMARKS FROM WARD BURSARY COMMITTEE

Recommended Not recommended for Bursary

Bursary Recommended: Kshs.....

Chairman's Name.....

Chairman's Signature Date.....

Secretary's Name

Secretary's Signature Date.....

Reason(s) for not being recommended:

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