# **REPUBLIC OF KENYA**





# COUNTY GOVERNMENT OF BOMET DEPARTMENT OF EDUCATION AND VOCATIONAL TRAINING

## COUNTY GOVERNMENT OF BOMET SCHOLARSHIPS 2020

# PARTIAL BURSARY

The County Government of Bomet is offering **partial scholarships** to eligible secondary school students in public schools and whose County of origin is Bomet.

The Department of Education and Vocational Training invites applications for the year 2020 from eligible applicants in *PUBLIC SECONDARY SCHOOLS.* 

## Eligibility

- 1. Bright needy students enrolled in *public* secondary schools
- 2. Students currently enrolled in from one to form four
- 3. Students whose current mean grade is:
  - i. B-(Minus) in form two and C+ (Plus) in form three and form four (Boarding Schools)
  - ii. C (Plain) for those in Day Secondary School
- 4. Students who are joining form one in 2020 should have scored 250 marks in 2019 KCPE examinations.
- 5. Students who are learning in National schools, extra county schools, county schools and sub county schools/Day School.

## **APPLICATION PROCEDURE**

- 1. Application forms are obtainable from the Department of Education, all Ward Education Coordinators' offices and in photocopying shops within the wards. The application forms can also be downloaded from the County Government of Bomet official website: www.bomet.go.ke
- 2. Have the form *duly filled* and appropriately signed and stamped by all the relevant authorities, parents and guardians.
- 3. Sign the form and **attach all the necessary documents** as indicated in the checklist appearing on the last page of the application form.
- 4. Please note that any scholarship form submitted without any requested document or signature appended *shall not be processed*.
- 5. The completion and submission of application form is *NOT* a guarantee for sponsorship
- 6. Completed application forms with certified copies of mandatory requirements shown in the forms should be sent or hand delivered to the Education Coordinator at the ward administrators' offices during working hours before **Friday**, **21**<sup>st</sup> **February 2020**.

# **REPUBLIC OF KENYA**





# COUNTY GOVERNMENT OF BOMET DEPARTMENT OF EDUCATION AND VOCATIONAL TRAINING

## COUNTY GOVERNMENT OF BOMET BURSARY PROGRAMME FORM B: PARTIAL SCHOLARSHIP APPLICATION FORM 2020

### INSTRUCTIONS/GUIDELINES

- This application form must be filled accurately and completely in capital letters •
- Copies of all documents required **MUST** be provided by the applicant. Any applications without relevant documents will be rejected
- The completion and submission of this form is **NOT** a guarantee for scholarship
- County Government of Bomet reserves the right to make the final determination of scholarship beneficiaries

## PART A: APPLICANT'S PERSONAL INFORMATION

| Full Name of Applicant:-               |   |                  |  |  |
|--|---|------------------|--|--|
| First/Baptismal:                       | _Middle:Surna   | ame/FamilyName:  |  |  |
| Gender Male 🗆 Female 🗆 Date of Birth:  |   |                  |  |  |
| *(Attach copy of birth certificate)    |   |                  |  |  |
| Secondary school: Adm. No.             |   |                  |  |  |
| Tel/Mobile No.                         |   |                  |  |  |
| Physical address: County: Sub County:  |   |                  |  |  |
| Ward: Locatio                          | Ward:Sub Location:Sub Sub Sub Sub Sub Sub Sub Sub Sub Sub |                  |  |  |
| Applicant's Family Status              |   |                  |  |  |
| Orphan                                 |   |                  |  |  |
| Single Parent                          |   |                  |  |  |
| Both Parents                           |   |                  |  |  |
| Low income (without adequate source    | e of income)  |                  |  |  |
| Parent With Disability                 |   |                  |  |  |
| PART B: APPLICANT'S FAMILY INFORMATION |   |                  |  |  |
| Parents' Information                   |   |                  |  |  |
| Father's First Name                    | Father's middle Name  | Father's surname |  |  |
| Nationality                            | ID Number   | Telephone Number |  |  |
| Mother's first Name                    | Mother's Middle Name  | Mother's surname |  |  |

| Nationality | ID Number | Telephone Number |
|-------------|-----------|------------------|
|             |           |                  |

If either of the parents is deceased, please attach death certificate

If your parents are not alive, please complete the table below about your primary guardians.

| ITEM                      | GUARDIAN 1           | GUARDIAN 2               |
|---------------------------|----------------------|--------------------------|
| First & Last Name         |                      |                          |
| Relationship To Applicant |                      |                          |
| ID Number                 |                      |                          |
| Nationality               |                      |                          |
| Date of Birth             |                      |                          |
| Phone Number              |                      |                          |
| Please indicate how many  | other dependants are | living in the household; |
|                           |                      | ••••••                   |
|                           |                      |                          |

#### Sibling Information

List all the applicant's brothers and sisters starting with the oldest stating what each is doing. (If working, describe job and monthly salary: if in university state it: if in school state the form or class: if in training describe it: if the sister is married show the occupation of the husband, if a brother is married, show the occupation of the wife).

|   | Name | Age | School/ Employer | Class/ position in employment |
|---|------|-----|------------------|-------------------------------|
| 1 |      |     |                  |                               |
| 2 |      |     |                  |                               |
| 3 |      |     |                  |                               |
| 4 |      |     |                  |                               |
| 5 |      |     |                  |                               |
| 6 |      |     |                  |                               |
| 7 |      |     |                  |                               |

NB: Use a separate sheet if the space provided is not enough.

### PART C: APPLICATION EVIDENCE OF NEED

In the spaces below please state why you, the applicant; need sponsorship

.....

Parent/Guardian Information

| Indicator  | Description |
|--|-------------|
| Are any of your parents disabled? Describe   |             |
| Does any of your parents/guardian suffer from a chronic disabling medical condition? If yes, Describe              |             |
| Are you living with both parents? If not, explain:   |             |
| Are your parents/ guardians employed? Give details of job<br>and salary per month. Attach payslip/ Mpesa statement |             |
| Do your parents /guardian's own a business? Describe and   |             |

| show average monthly income. Bank statement/ Mpesa      |  |
|---|--|
| statement   |  |
| Do your parents/guardians own land? State the number of |  |
| acres, type of crops grown, number of                   |  |
| cows/sheep/goats/donkeys and income from such assets    |  |
| Do your parents have any other assets or sources of     |  |
| income, including casual labour (Kibarua)? Indicate the |  |
| approximate monthly income                              |  |
| Please describe any other cause of disadvantage or      |  |
| vulnerability   |  |
|   |  |

## PART D: DECLARATIONS

#### Applicant's Declaration

\_\_\_\_\_ declare that the information given above is true to the I, \_\_ best of my knowledge and I am aware that giving false representation will not be considered and will lead to automatic disqualification. \_\_\_\_\_ Date: \_\_\_\_\_

Signature:

### Parents/Guardian Declaration

\_\_\_\_\_ declare that the information given above is true to the l, \_\_\_\_ best of my knowledge and I am aware that giving false representation will not be considered and will lead to automatic disqualification. \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_

#### PART E: RECOMMENDATIONS

This part must be completed by the relevant authorities indicated. Any false information will lead to disqualification.

#### 1. Secondary School Information

### Accounts section

| nty 🗆 Sub County (Day School) 🗆                             |  |
|---|--|
| Total fees required per year:                               |  |
| Accounts Official stamp:                                    |  |
| Remarks:  |  |
|   |  |
| rmance. Grade   |  |
|   |  |
| Middle class Low income Needy Very                          |  |
|   |  |
| n and I believe it to be truthful. I can affirm that he/she |  |
|   |  |
| ure & Official stamp  |  |
|   |  |
| ant Chief)  |  |
|   |  |
| Middle class Low income Needy Very                          |  |
|   |  |
| n and I believe it to be truthful. I can affirm that he/she |  |
|   |  |
| ure & Official stamp  |  |
|   |  |

| 3. Religious Leader (Bishop, pa   | astor, priest, i      | nam etc)            |                                 |                     |
|---|-----------------------|---------------------|---------------------------------|---------------------|
| How long have you known the family  |                       |                     |                                 |                     |
| Rate the candidates Financial Ability   |                       |                     |                                 | Needv Verv          |
| Needy   |                       |                     |                                 | ,,                  |
| I have reviewed the information give  | en in this form       | and I believe it to | be truthful. I can              | affirm that he/she  |
| is needy /vulnerable.   |                       |                     |                                 |                     |
| Name  | Signatu               | re & Official stam  | D                               |                     |
| CHECKLIST   |                       |                     |                                 |                     |
| Copy of Latest Report form*   |                       |                     |                                 |                     |
| Copy of 2019 KCPE result slip   | for form ones         |                     |                                 |                     |
| Copy of student ID cards*   |                       |                     |                                 |                     |
| Copy of applicant birth certif  | icate*                |                     |                                 |                     |
| $\Box$ Copy of death certificate ( w  | here applicable       | e)                  |                                 |                     |
| a. Copy of father's ID number   | er and <b>b.</b> copy | of mother's ID nu   | mber, <mark>c.</mark> or copy o | of other guardian's |
| ID*   |                       |                     | _                               | -                   |
| Certified Copy of letter from<br>Head teacher) *  | ו a community         | representative (    | e.g. Church leade               | r, chief, or School |
| Latest fees statement/fees statem | tructure*             |                     |                                 |                     |
| FOR (<br>WARD BURSARY FUND APPRAISAL C  |                       | ONLY BY THE BUR     | SARY                            |                     |
| SCORE:  |                       |                     |                                 |                     |
| Approved for Bursary  |                       |                     |                                 |                     |
| Not Approved for Bursary  |                       |                     |                                 |                     |
| Reasons:  |                       |                     |                                 |                     |
| Bursary Awarded Ksh.  |                       |                     |                                 |                     |
|   |                       |                     |                                 |                     |

\* This symbol means **COMPULSORY** attachment

NB: If a family is found to have misrepresented their circumstances, the scholarship will be terminated and they will be required to refund fees paid.