

REPUBLIC OF KENYA



COUNTY GOVERNMENT OF BOMET DEPARTMENT OF EDUCATION AND VOCATIONAL TRAINING

COUNTY GOVERNMENT OF BOMET SCHOLARSHIPS 2021

PARTIAL BURSARY

The County Government of Bomet is offering partial bursary support 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 2021 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. C+(Plus) in form one and form two and C-(Minus) in form three and form four.
 - ii. C- (Minus) for those in Day Secondary School
4. 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 administrators' offices and in photocopying shops within the wards. The application forms can also be downloaded from the County Government of Bomet official website: <http://www.bomet.go.ke/home/>
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. Please note that any scholarship form submitted without any requested document or signature appended **shall not be processed**.
4. The application process begins on **Thursday, 19th August 2021** and closes on **Thursday, 7th October 2021 5.00 p.m.**
5. The completion and submission of application form is **NOT** a guarantee for bursary
6. Completed application forms with certified copies of mandatory requirements shown in the application form should be sent or hand delivered to the Ward Education Co-ordinator at the ward administrators' offices during working hours on or before **Thursday, 7th October 2021**.

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 2021

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 not be processed
- The completion and submission of this form is **NOT** a guarantee for scholarship
- County Bursary Committee **reserves the right** to make the final determination of scholarship beneficiaries

PART A: APPLICANT'S PERSONAL INFORMATION

Full Name of Applicant: -

First/Baptismal: _____ Middle: _____ Surname/Family Name: _____

Gender Male Female Date of Birth:

D	D	M	M	Y	Y	Y	Y
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**(Attach copy of certificate)*

birth

Secondary School:

Adm. No.

Tel/Mobile No.

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Physical address: County: _____ Sub County: _____

Ward: _____ Location: _____ Sub Location: _____

Applicant's Family Status

Orphan	
Partial orphan	
Single Parent	
Both Parents	
Low income (without adequate source of income)	

Parent With Disability	
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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				

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

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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 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

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

Signature: _____ Date: _____

Parents/Guardian Declaration

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

Signature: _____ Date: _____

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

Name of the school: _____

School category: National Extra County County Sub County (Day School)

Admission Number: _____ Total fees required per year: _____

Fees balance/arrears (if any): _____ Accounts Official stamp: _____

Contact of the school Bursar: _____ Remarks: _____

Administration/ School Principal section

Please report on the named person's latest performance. Grade _____

How long have you known the family/ candidate? _____

Rate the candidates Financial Ability: __Rich __ Middle class __Low income __ Needy __ Very Needy

I have reviewed the information given in this form and I believe it to be truthful. I can affirm that he/she is needy /vulnerable.

Name _____ Signature & Official stamp _____

Contact of School Principal _____

2. Provincial Administration (Chief or Assistant Chief)

How long have you known the family/ candidate? _____

Rate the candidates Financial Ability: __Rich __ Middle class __ Low income __ Needy __ Very Needy

I have reviewed the information given in this form and I believe it to be truthful. I can affirm that he/she is needy /vulnerable.

Name _____ Signature & Official stamp _____

Contact _____ of _____ the _____ Chief/Assistant _____ chief

3. Religious Leader (Bishop, pastor, priest, imam etc)

How long have you known the family/ candidate? _____

Rate the candidates Financial Ability: ____ Rich ____ Middle class ____ Low income ____ Needy ____ Very Needy

I have reviewed the information given in this form and I believe it to be truthful. I can affirm that he/she is needy /vulnerable.

Name _____ Signature & Official stamp _____

Contact _____ of _____ Religious _____ Leader

CHECKLIST

- Copy of Latest Report form*
- Copy of student ID cards*
- Copy of applicant birth certificate*
- Copy of death certificate (where applicable)
- a.** Copy of father's ID number and **b.** copy of mother's ID number, **c.** or copy of other guardian's ID*
- Certified Copy of letter from a community representative (e.g. Church leader, chief, or School Head teacher) *
- Latest fees statement/fees structure*
- Any other documentary evidence to show vulnerability

FOR OFFICIAL USE ONLY BY THE BURSARY

WARD BURSARY FUND APPRAISAL COMMITTEE

SCORE:

Approved for Bursary _____

Not _____ Approved _____ for _____ Bursary

Reasons:

Bursary Awarded Ksh. _____

NB:

1. This symbol means **COMPULSORY** attachment

2. *If a family is found to have misrepresented their circumstances, the bursary will be withdrawn and they will be required to refund fees paid if already sent to their schools.*

3. *Completed application forms with certified copies of mandatory requirements shown in the application form should be sent or hand delivered to the Ward Education Co-ordinator at the ward administrators' offices during working hours on or before **Thursday, 7th October 2021.***