



REPUBLIC OF KENYA



COUNTY GOVERNMENT OF BOMET DEPARTMENT OF EDUCATION & VOCATIONAL TRAINING

Phone 0711 289 000

Office of the Executive Committee Member
Education & Vocational Training
P. O. Box 19 - 20400
BOMET

APPLICATION FORM 2022

Ward: Location: Sub-Location:

Applicant's Personal Information

Today's Date	Your gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Sub County
First Name	Middle Name	Surname
Date of Birth	Birth Certificate Number	County of Origin
Name of Chief	Chief's Phone Number	Name of Assistant Chief
Primary School attended Public <input type="checkbox"/> Private <input type="checkbox"/>	Secondary School Admitted To	K C P E marks
Primary School Index Number	Who paid Fees in Primary Sch?	Phone No. of Primary HT

Applicant's Family

Father's First Name	Father's middle Name	Father's surname
Nationality	ID Number	Telephone Number
Source income	Average income per month	

If father is deceased, please attach certified copy of death certificate

Mother's First Name	Mother's middle Name	Mother's surname
Nationality	ID Number	Telephone Number
Source income	Average income per month	

If mother is deceased, please attach certified copy of death certificate

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

ITEM	GUARDIAN 1	GUARDIAN 2
First & Last Name		
Relationship To applicant		
ID Number		
Nationality		
Date of Birth		
Phone Number		
Source of income		
Average income per month		

Please indicate your siblings either in secondary/tertiary institutions or university

S/N	NAME OF SIBLING	AGE	NAME OF PRIMARY /SECONDARY/ COLLEGE/ UNIVERSITY
1			
2			
3			
4			
5			
6			
7			

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

.....

Any other useful information:

DECLARATION:

I confirm that:

- a. All the information provided herein is complete and the disclosures made are true
- b. I am aware that giving false representation will lead to automatic disqualification at any point of the application and/or scholarship process
- c. I authorize the County Government of Bomet and its representatives to obtain additional information concerning my educational and financial records as needed to complete this scholarship application.
- d. I agree to be bound by Terms and Conditions under which this scholarship shall be extended to me.

Applicant'Signature_____

Parent's /Guardian's Signature _____

Religious Leader's /Administration's Representative Signature_____

Comments from the Head teacher;

.....
 Name: Sign: Phone:

Comments from the Chief;

.....
 Name: Sign: Phone:

Applicant's Name: Applicant's Signature:

REQUIREMENTS FOR THE SCHOLARSHIP

1. Candidate must have attained 350 marks and above in 2021 KCPE. He /she should attach copies of KCPE result slip certified by the Head teacher, birth certificate, and recommendation letter from school head teacher/church leaders.
2. **PWD** KCPE 2021 candidates, they should have attained 230 marks and should be having National Council for People with Disability Membership Card or suitable alternative proof.
3. Candidate should be from a **needy background** and **sat KCPE from A PUBLIC DAY, primary school.**
4. This application form must be returned on or before **Tuesday, 12th April 2022 5.00 p.m** to the office of Ward Education coordinator in the applicant's ward.
5. This application form **MUST** be completed in **BLOCK** clear letters failure to which may lead to automatic disqualification.
6. Shortlisted candidate will be vetted by the Ward Bursary Fund Committee
7. County Government of Bomet Scholarship caters only for tuition school fees as stipulated in the Ministry of Education fees structure.
8. Any false information given leads to automatic disqualification
9. The candidate or any family member should not be under any on-going sponsorship from the County Government

DOCUMENTARY REQUIREMENTS CHECKLIST

- Copy of certified K C P E result slip (Mandatory)*
- Copy of applicant's birth certificate
- Copy of death certificate (where applicable)
- a.** Copy of father's ID card and **b.** Copy of mother's ID card **c.** or Copy of guardian's ID card
- Certified Copy of letter from a community representative (e.g. Church leader, Chief, or Ward Representative) *
- Certified copy of letter of admission to secondary school (Mandatory)*
- Any other documentary evidence that proves the applicant's neediness

* This symbol means compulsory items to be attached

FOR OFFICIAL USE ONLY: WARD BURSARY FUND APPRAISAL COMMITTEE

SCORE: _____

Approved for Bursary _____

Not Approved for Bursary _____

Reasons for not approving: _____

Bursary Awarded Ksh. _____ Date: _____