

COUNTY GOVERNMENT OF BOMET**DEPARTMENT OF EDUCATION, YOUTH, SPORTS AND VOCATIONAL TRAINING**

Phone 0711 289 000

 Office of the Executive Committee Member
 Education & Vocational Training
 P. O. Box 19 – 20400
BOMET
APPLICATION FORM 2023**Ward:** **Location:****Sub-Location:** **KCPE 2022 Marks:****Primary School Attended:****Applicant's Personal Information**

| | | | |
|---|---|------------------------------------|----------------------------|
| Today's Date | Your gender: Male <input type="checkbox"/> | Female <input type="checkbox"/> | Sub County |
| First Name | Other Names | | Date of Birth |
| Name of Chief | Chief's Phone Number | | Name of Assistant Chief |
| Type of Primary School attended Public <input type="checkbox"/> | Private <input type="checkbox"/> | Secondary School Admitted To: | Phone No. of Principal: |
| 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 2022 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 2022 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, 10th January 2023 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 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: _____
