

REPUBLIC OF KENYA



COUNTY GOVERNMENT OF BOMET
DEPARTMENT OF EDUCATION AND VOCATIONAL TRAINING
COUNTY GOVERNMENT OF BOMET BURSARY PROGRAMME

FORM B: PARTIAL BURSARY APPLICATION FORM 2023

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 bursary
- County Bursary Committee **reserves the right** to make the final determination of bursary beneficiaries

PART A: APPLICANT'S PERSONAL INFORMATION

Full Name of Applicant: -

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

Secondary School:

Adm. No. Tel/Mobile No.

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	

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;

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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				

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 **Friday, 21st April 2023 5.00 p.m.***