



SERIAL: CGB/EDU/VTC \_\_\_\_\_

# COUNTY GOVERNMENT OF BOMET

## DEPARTMENT OF EDUCATION, YOUTH, SPORTS, AND VOCATIONAL TRAINING

Phone 0722740149

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

### **FORM D: VTC PARTIAL BURSARY APPLICATION FORM 2023**

#### INSTRUCTIONS/GUIDELINES

- This application form must be filled accurately and completely in capital letters.
- Applicants must be Bomet County resident and enrolled in any VTC in Bomet County
- 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

First/Baptismal: \_\_\_\_\_ Middle: \_\_\_\_\_ Surname/Family Name: \_\_\_\_\_

Name of VTC Enrolled: \_\_\_\_\_ Adm. No: \_\_\_\_\_.

Applicants Home Address: County: **Bomet 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.

**PART C: APPLICATION EVIDENCE OF NEED**

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

**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 (Where applicable)**

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. Vocational Training Centre Information

#### Accounts section

Name of VTC: \_\_\_\_\_  
Admission Number: \_\_\_\_\_ Total fees required per year: \_\_\_\_\_  
Fees balance/arrears (if any): \_\_\_\_\_ Accounts Official stamp: \_\_\_\_\_  
Contact of the school Bursar: \_\_\_\_\_ Remarks: \_\_\_\_\_

#### Administration/ VTC 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 \_\_\_\_\_

### 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/fee's structure\*
- Any other documentary evidence to show vulnerability.



**FOR OFFICIAL USE ONLY BY THE BURSARY**

**WARD BURSARY FUND 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 VTCs.*
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 Coordinator at the ward administrators' offices during working hours on or before **17<sup>th</sup> November 2023***

