



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 C VTC FULL SCHOLARSHIP APPLICATION FORM 2024

Ward:.....Location: .....Sub-Location:.....

### Applicant's Personal Information

Today's Date:.....	Gender: Male <input type="radio"/> Female <input type="radio"/>	Sub County
First Name	Other Names	Date of Birth
VTC Admitted To	Course Admitted To.....Adm No :.....	
<b>Highest Academic Qualification</b>		
Degree <input type="radio"/> Diploma <input type="radio"/> Certificate <input type="radio"/> KCSE <input type="radio"/> KCPE <input type="radio"/> Other(Specify) <input type="radio"/> None <input type="radio"/>		

### 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/dependents either in secondary/tertiary institutions or university**

S/N	NAME OF SIBLING/DEPENDANT	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.

.....  
 .....  
 .....

**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's Signature \_\_\_\_\_

Religious Leader's /Administration's Representative Signature \_\_\_\_\_

**Comments from the VTC Principal.**

Name of VTC:.....Course Applicant Admitted To ..... Admission Number:.....Course Duration: .....Day Scholar  Boarder

Total fees per year:.....Sign/Stamp: .....



**Comments from the Chief/Sub Chief.**

I confirm that the applicant below is a resident of Bomet County as per the following details.

Sub-County:.....Ward:.....Location:.....Sub:Location:.....

Name of Chief: .....Sign/Stamp..... Phone Number: .....

**Applicant's Name:** ..... **Applicant's Signature:** .....

**REQUIREMENTS FOR THE SCHOLARSHIP**

1. Applicant must be Bomet County resident and enrolled in any course in any of the 33 VTCs in Bomet County
2. **PWD** should be having National Council for People with Disability Membership Card or suitable alternative proof.
3. Applicants should be from a **needy background**.
4. This application form must be returned on or before **Friday, 16<sup>th</sup> December 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 VTC Scholarship caters only for tuition school fees as stipulated in the VTC fees structure.
8. Any false information given leads to automatic disqualification.

**DOCUMENTARY REQUIREMENTS CHECKLIST**

- Copy of certified Admission Letter (Mandatory)\*
- Copy of applicant's birth certificate
- Copy of applicants ID
- 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) \*
- 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

