



SERIAL: CGB/EDU/26/FULL _____

COUNTY GOVERNMENT OF BOMET

DEPARTMENT OF EDUCATION, YOUTH, SPORTS, AND VOCATIONAL TRAINING

Phone 0722 740 149

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

BOMET

COUNTY GOVERNMENT OF BOMET FULL SCHOLARSHIP PROGRAMME

FORM A: APPLICATION FORM (2026)



INSTRUCTIONS/GUIDELINES

- This form is given **FREE OF CHARGE** by the Bomet County Bursary Fund.
- The information provided in this form is intended to help BCBF Committee understand the applicant's academic and financial position for the purpose of assessment for scholarship award.
- This application form must be filled in accurately and completely in **CAPITAL LETTERS**.
- All incomplete or inaccurately filled in forms will be automatically rejected.
- Copies of **ALL DOCUMENTS** required must be provided by the applicant. Any applications without relevant documents will be rejected.
- The completion and submission of this form is not a guarantee for sponsorship.
- Any false statements, omissions or forged documents will lead to automatic disqualification.
- **The Bomet County Bursary Committee** reserves the right to make the final determination of scholarship beneficiaries.
- **Only 2025 KJSEA** candidates will be considered.
- The filled in application form should be collected from and submitted to your **Ward Education Coordinator's Office**. The application can also be downloaded from the County Government of Bomet official website: <http://www.bomet.go.ke/home/>
- **Every part of this form must be filled in**. Failure to do so makes this application form incomplete and therefore renders the applicant ineligible for the scholarship.

PART A: APPLICANT'S PERSONAL DETAILS

PERSONAL DATA

Full Name of Applicant

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

Gender: Male Female Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Postal Address: P.O. Box:

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 Town / City:

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 Postal Code:

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Tel / Mobile No.:

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 Alternative Mobile No.:

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Physical Address: County : _____ Sub-county: _____

Constituency: _____ Ward: _____ Location: _____ Sub-Location: _____

ACADEMIC INFORMATION

Name of Junior School Attended _____

Postal Address: P.O. Box:

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 Town/City:

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 Postal Code:

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Tel/ Mobile No.:

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 Alternative Mobile No.:

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Physical Address: County: _____ Sub-County: _____

Constituency: _____ Ward: _____ Location: _____ Sub-Location: _____

KJSEA Assessment No.

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UPI No.:

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(Attach copy of result slip certified by your headteacher)

KJSEA Achievement

Achievement Category	EE ¹	EE ²	ME ¹	ME ²	AE ¹	AE ²	BE ¹	BE ²	Insert your Points down here
Achievement Level	8	7	6	5	4	3	2	1	
Achievement Points	72	63	54	45	36	27	18	9	
Range	64-72	55-63	51-54	45-50	Below 45	27	18	9	

(Tick Appropriate)

PATHWAY SELECTED STEM SOCIAL SCIENCE ARTS & SPORTS

Name of Senior School Admitted to: _____ Admission Number: _____

PART B: APPLICANT'S FAMILY INFORMATION

PARENT'S INFORMATION

1. (a) Father's Full Name

First Name: _____ Middle Name: _____ Surname: _____

ID No.:

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 Living: Deceased: **[If deceased, please attach copy of death / burial certificate]**

Physical Address: County: _____ Sub-County: _____

Constituency: _____ Ward: _____ Location: _____ Sub-Location: _____

Postal Address: P.O. Box:

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 Town / City:

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 Postal Code:

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Tel / Mobile No.:

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Source of Income: _____

(b) Not Applicable

2. (a) Mother's Full Name

First Name: _____ Middle Name: _____ Surname: _____

ID No.:

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 Living: Deceased: **[If deceased, please attach copy of death / burial certificate]**

Physical Address: County: _____ Sub-county: _____

Constituency: _____ Ward: _____ Location: _____ Sub-Location: _____

Postal Address: P.O. Box:

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 Town / City:

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 Postal Code:

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Tel/ Mobile Number:

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Source of Income: _____

(b) Not Applicable

Are your parents living together? Yes No

GUARDIAN INFORMATION (If not living with your parents)

First Name: _____ Middle Name: _____ Surname: _____

ID No.:

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 Relationship with Student / Applicant: _____



Physical Address: County: _____ Sub-County: _____

Constituency: _____ Ward: _____ Location: _____ Sub-Location: _____

Postal Address: P.O. Box: _____

Town: _____

Postal Code: _____

Tel / Mobile Number:

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Source of Income: _____

SIBLING(S) INFORMATION

List all your brothers and sisters starting with the oldest and state what each is doing in life.

(If working, describe job and monthly salary; if in college or university, state; if in school, state the form or class; and if in training, describe it).

	Name	Age	School/Employer	Class/Position in employment	Monthly salary
1.					
2.					
3.					
4.					
5.					
6.					
7.					

PART C: DECLARATION

I confirm that:

- All the information provided herein is complete and the disclosures made are true.
- I am aware that giving false representation will lead to automatic disqualification ~~at any point of the application and/or scholarship process.~~
- 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.
- I agree to be bound by Terms and Conditions under which this scholarship shall be extended to me.

Applicant's Signature: Parent's/Guardian's Sign:



Comments from the Chief/Sub Chief.

I confirm that the applicant below is a resident of Bomet County and in my sub-location.

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

Applicant's Name: Applicant's Signature:

PART D: RECOMMENDATION

Junior School Head Teacher

Please report on the above named applicant's performance, conduct, special interests and talents. Also explain why he / she should be considered for the County Scholarship Programme. How long have you known the candidate / family? _____

Rate the candidate's financial ability: Very Rich Rich Middle Income Poor Very Poor

I have reviewed the information given in this form and believe it to be truthful. The above named student attended my school and based on my knowledge and / or inquiries, I affirm that he / she is needy /vulnerable. Please describe facts about his / her circumstances.

Name: _____

Signature & Official Stamp: _____

Date: _____

D	D	M	M	Y	Y	Y	Y
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Telephone No.:

PART E: REQUIREMENTS FOR THE SCHOLARSHIP

- Applicant must be Bomet County resident and enrolled in senior school.
- **KJSEA 2025** Candidate with minimum of **50 Points (ME Category)** from a Public Junior school
- **PWD** should be having a valid National Council for People with Disability Membership Card or suitable alternative proof.
- Applicants should be from a **needy background**.
- This application form must be returned on or before **Friday, 6th February 2026 5.00 p.m.** to the office of Ward Education coordinator in the applicant's ward.
- Shortlisted candidate will be vetted by the Ward Bursary Committee
- County Government of Bomet Scholarship caters only for tuition school fees as stipulated in the fees structure.

DOCUMENTARY REQUIREMENTS CHECKLIST

- Copy of certified Admission Letter (Mandatory)*
- Certified Copy of applicant's KJSEA Results Slip*
- 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) *
- 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:

DISCLAIMER

DATA PROTECTION OVERVIEW

The Bomet County Bursary Fund (BCBF) ensures compliance with the Data Protection Act, 2019 and focuses on several key objectives. These objectives provide clarity regarding the processing of personal data and adhering to data protection laws. With your consent, we will collect necessary and relevant personal data, including digital data and images for scholarship selection and management.

Collection of Personal Data

BCBF will collect the following information through application forms provided:

- Names, addresses, phone numbers and e-mail addresses.
- Date of birth, gender, health status and other relevant demographic details.
- Education background, grades and other academic records.
- Data related to participation in the County Scholarship Programme, including attendance, performance, sibling information and referrals.

Use of Personal Data

BCBF uses your personal data for the following purposes:

- Determine the successful applicants as per the selection criteria.
- To reach out to parents, guardians and students on relevant information, events and changes.
- To gather information for monitoring and evaluation purposes.
- To comply with legal and regulatory requirements.
- Sensitive Personal Data collected will be used for selection and administration of the programme, which includes shortlisting, interviewing and home visits.

Information Sharing

We may obtain and/or share personal information:

- BCBF may obtain additional information concerning the applicant's education, parents and siblings financial records as and when needed to complete the selection process.
- BCBF may communicate and release information to others who are involved in making decisions relating to the applicant's education.
- BCBF may share personal information with the donors, medical service providers, counsellors and mentors.

Rights of Data Subject

You may exercise your right to be informed, access, rectify, erase, object and restrict processing of data by sending a request to: site.bomet.go.ke/contact-us

CONSENT FROM THE PARENT(S) or GUARDIAN

I..... ID No..... hereby provide my consent to Bomet County Bursary Fund for processing of my personal data for the purposes described above.

