

DATE: _____

SERIAL: CGB/BUR/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 BURSARY APPLICATION FORM 2026

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: _____

Account Number of the VTC (MUST): _____

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 dependents are living in the household.

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PART C: APPLICATION EVIDENCE OF NEED

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

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PART D: DECLARATIONS

Applicant's Declaration

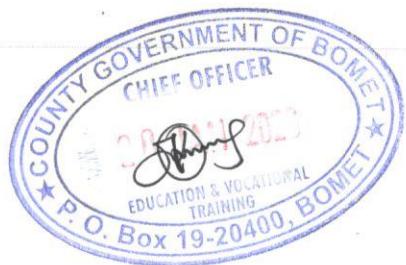
I, _____ declare that the information given above is true to the best of my knowledge and I am aware that giving false representation will not be considered and will lead to automatic disqualification.

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 Trainee: _____
Admission Number: _____ Total fees required per year: _____
Name of the VTC: _____
Accounts Official stamp: _____ Contact of the VTC Bursar: _____
Remarks: _____

Account Number of the VTC (MUST): _____

Administration/ VTC Principal section

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

- Proof of Last level of Education*
- 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 6th February 2026*

