

COUNTY GOVERNMENT OF LAIKIPIA



DEPARTMENT OF EDUCATION AND SOCIAL DEVELOPMENT

P.O Box 1271-10400

Email: bursary@laikipia.go.ke

www.laikipia.go.ke

LAIKIPIA COUNTY EDUCATION BURSARY APPLICATION FORM FY 2019/20

A. REQUIREMENTS AND INSTRUCTIONS (*applicants must read the following before completing this form*)

- All sections in this form must be filled.
- Applicant should apply only **once** in the **Ward of residence**.
- Duly filled and completed form should be submitted to the respective Ward Administrator’s Office on or before **30th January 2020**.
- For students joining Form 1, tertiary institution or university one **must** attach an admission letter and fees structure (Part B section 3-6).
- For continuing students, attach a letter from school/institution/university confirming that you are a student of the institution, report form/card of the previous semester/term and a copy of the fee structure.
- Students on scholarship **must** attach a copy of the report card or transcripts for the most recent examinations.
- Supportive documents on family background namely death certificate or disability registration /assessment **must** be attached (Parts B-7 and C-8).
- Other supporting documents that must be attached include; Letter from the area chief, Letter from a religious leader, copy of parent/guardian national ID, passport photograph of the applicant

B. STUDENT’S PERSONAL DETAILS

Full Name

Last First Middle

Gender Male Female

Date of Birth Admission No Year/Form

Student Telephone no.....Parent/Guardian Phone no.

Email Address.....

Name of School/College/University.....

(University student must attach copy of student ID cards)

Fees requirement in Kenya shillings

Bursary Form FY 2019/20

Annual total fees

Fees paid/Able to pay

Outstanding balance

(Attach current fee structure)

Any form of disability Yes No If Yes, specify.....

C.FAMILY BACKGROUND (tick appropriately on nature of your family background)

Has both parents Has a single parent

Has one parent deceased Total orphan

Parent with disability (Mentally handicapped)

Parent with disability (Physically challenged)

Parent with disability (Visually impaired)

Parent with disability (Hearing impaired)

Other form of disability please specify

(9) Estimated Gross Income in the last 12 months in Kenya Shillings (*Gross income means income from salary, business, farming and other occupations*)

Parent/Guardian	Father	Mother	Guardian/Sponsor
Gross Income			

(10) Student's siblings in education institutions

Siblings Name/Guardian Children Name	Name of Institution	Year of Study/Form	Annual Total Fees	Fees paid	Outstanding Balance

D. STUDENT'S DECLARATION

(11) I declare to the best of my knowledge that the information given herein is true.

Student's NameSignatureDate.....

E. PARENT'S/ GUARDIAN'S DECLARATION

I declare that I have read this form/this form has been read to me and I hereby confirm that the information given herein is true to the best of my knowledge.

Parent's /Guardian's NameOccupation

Signature.....Date..... Telephone Contact.....

F. LEARNING INSTITUTIONS /SCHOOL VERIFICATION (ALL FIELD ARE MANDATORY)

(i) Secondary Level

Form Position Term 1 Term 2 Term 3

Principal's brief comments on student's level of need and discipline.....

.....

School registration no.....

School Bank details

Bank Account No _____

Bank Name _____

Branch _____

I declare that the above is a student in this school.

Principal's Name.....Signature.....

Date..... Official Stamp (**Mandatory**)Telephone Contact (**Mandatory**)

Email no.

(ii) Tertiary/ College/ University Level

Year Faculty / Department

I declare that the above is a student in this College /University.

Dean of Student/Principal's Signature.....

Date..... Official Stamp.....

G. RELIGIOUS LEADER

General comment on the family/parent status

.....

Name.....Signature.....

Date..... Official Stamp.....Telephone Contact.....

H. AREA ASSISTANT CHIEF/CHIEF

General comment on the family/parent status.....
.....

Ward Location Sub Location

I certify that the information given above is correct.

Name Signature Date

Designation.....Official Stamp.....Telephone Contact.....

J. OFFICIAL USE BY THE WARD BURSARY COMMITTEE

Score.....

Approved for Bursary Bursary Awarded Ksh.

Not approved Main reason.....

Chairman's Official Stamp