



DEPARTMENT OF EDUCATION AND LIBRARY SERVICES  
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**LAIKIPIA COUNTY EDUCATION BURSARY APPLICATION FORM FY 2023/24**

**H. AREA ASSISTANT CHIEF/CHIEF**

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

Ward  Location  Sub Location

I certify that the information given is correct.

Name.....Signature.....Date.....

Designation.....OfficialStamp.....Telephone.....

**J. OFFICIAL USE BY THE WARD BURSARY COMMITTEE**

Score.....

Approved for Bursary  Bursary Awarded Ksh.

Not approved  Main reason.....

.....

Chairman's Official Stamp

**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/ECDE/CDA Offices on or before **28<sup>th</sup> December, 2023**.
- For students joining Form 1, tertiary institution or university one **Must** attach an admission letter, fees structure and fees statement showing the fee balance (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 students must attach copy of student ID cards)**

Fees requirement in Kenya Shillings

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)

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/Spouse
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.

Students Name.....Signature.....Date.....

**E. PATENT'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 Name .....Occupation.....

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

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

**(i) Secondary Level**

Form  Position Term  Term 2  Term 3

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

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School registration no.....

School Bank details

**Mandatory to indicate Bank Name** \_\_\_\_\_

**Schools physical Address e.g Town** \_\_\_\_\_

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

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

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

**RELIGIOUS LEADER**

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

.....

Name .....Signature.....Date.....

Designation.....OfficialStamp.....Telephone.....