



COUNTY GOVERNMENT OF BUNGOMA  
COUNTY EDUCATION SUPPORT SCHEME

BURSARY APPLICATION FORM

**SECTION I: STUDENT'S PERSONAL DETAILS**

Full Name \_\_\_\_\_

P. O. Box \_\_\_\_\_ Postal Code \_\_\_\_\_ Tel \_\_\_\_\_

Gender: Male [ ] Female [ ] Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

ID/Birth Certificate No \_\_\_\_\_ *(Attach copy of Birth Certificate)*

Sub-county \_\_\_\_\_ Constituency \_\_\_\_\_ Location \_\_\_\_\_

Sub-Location \_\_\_\_\_ Ward \_\_\_\_\_ Village \_\_\_\_\_

Any Disability; (Yes/No) \_\_\_\_\_ If Yes; Specify \_\_\_\_\_

**SECTION II: EDUCATION INSTITUTION DETAILS**

**Current Education/Training Institution**

Name of School/University/College \_\_\_\_\_ Admission No \_\_\_\_\_

Class/ form \_\_\_\_\_ Year of Study \_\_\_\_\_

State the category of school: National [ ] Extra County [ ] County [ ] Subcounty [ ]

State whether Boarding or Day School: Boarding [ ] Day [ ]

State whether girls, boys or mixed: Girls [ ] boys [ ] Mixed [ ]

**Previous Educational/Training Institutions Attended**

*(To be filled by students joining form one or new institutions)*

Name of institution/school \_\_\_\_\_ Level \_\_\_\_\_

P. O. Box \_\_\_\_\_ Postal Code \_\_\_\_\_

Grade attained \_\_\_\_\_ Year Completed \_\_\_\_\_ *(Attach copy of Certificate/Result Slip)*

**SECTION III: FAMILY DETAILS**

Father's Name \_\_\_\_\_ ID No: \_\_\_\_\_

Tel \_\_\_\_\_ Occupation \_\_\_\_\_

Income/Year \_\_\_\_\_ Other Sources of Income \_\_\_\_\_

Is father alive (Yes/No) \_\_\_\_\_ *(if No attach death certificate/burial permit)*

Mother's Name \_\_\_\_\_ ID No. \_\_\_\_\_

Tel \_\_\_\_\_ Occupation \_\_\_\_\_

Income/Year \_\_\_\_\_ Other Sources of Income \_\_\_\_\_

Is mother alive (Yes/No) \_\_\_\_\_ *(if No attach death certificate/burial permit)*

Guardian's Name \_\_\_\_\_ ID No: \_\_\_\_\_

Tel \_\_\_\_\_ Occupation \_\_\_\_\_

Income/Year \_\_\_\_\_ Other Sources of Income \_\_\_\_\_

Current Mailing Address: P. O. Box \_\_\_\_\_ Postal Code \_\_\_\_\_ TEL \_\_\_\_\_

Provide details of brothers and sisters in school or college in the table below:

No	Name	Year of Birth	Class/Year of Study	Fees Paid per year	Sponsor
1					
2					
3					
4					
5					
6					

*Attach separate sheet in case the space provided is not enough*

#### SECTION IV: FEES DETAILS

*(For those students joining form one, please attach joining instructions and for continuing students attach fee structure and current report card)*

Fees payable per year in Kshs \_\_\_\_\_ Fees able to pay Kshs \_\_\_\_\_

Amount applied for in Kshs. \_\_\_\_\_

If orphan, who pays for your education \_\_\_\_\_

Have you ever benefited from the constituency bursary fund or any other fund/donation? Yes [ ] No [ ]. If yes, state the amount: Kshs \_\_\_\_\_

Briefly explain why you think you should be considered for funding

*(You may attach a detailed write-up and other supporting documents that you think may enhance your chances of being selected)*

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**SECTION V: SCHOOL VERIFICATION FOR CONTINUING STUDENTS *(To be filled by head of institution)***

Name of School \_\_\_\_\_ Year \_\_\_\_\_

Students Position in Class/Form: Term 1 \_\_\_\_\_ Term 2 \_\_\_\_\_ Term 3 \_\_\_\_\_

Student discipline: Excellent [ ] Very Good [ ] Good [ ] Fair [ ] Poor [ ]

Briefly comment on the student's level of need, discipline and academic performance

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Name of Head of institution. \_\_\_\_\_

Signature \_\_\_\_\_ Date & School Rubber Stamp. \_\_\_\_\_

**SECTION VI: APPLICANT'S DECLARATION**

I confirm that the above information is true to the best of my knowledge and I am aware that giving false information will lead to automatic disqualification.

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Name

Signature

Date

**SECTION VII: RECOMMENDATIONS**

**(a) Area Chief/Assistant Chief**

I confirm/refute the information given by the applicant and I recommend/do not recommend the applicant for the award of bursary.

\_\_\_\_\_  
Name Signature Date & Official Stamp

**(b) Religious Leader (Ordained Pastors, Bishop, Priest, Imam, etc)**

I confirm/refute the information given by the applicant and I recommend/do not recommend the applicant for the award of bursary.

\_\_\_\_\_  
Name Signature Date & Official Stamp

**SECTION VIII: WARD BURSARY COMMITTEE RECOMMENDATION (For Official Use Only)**

Following the Committee meeting held on \_\_\_\_\_ the applicant's request for bursary is hereby recommended/Not recommended as per minute number \_\_\_\_\_. The Bursary awarded to the applicant is KShs. \_\_\_\_\_. If not recommended give reasons:

\_\_\_\_\_  
\_\_\_\_\_

Secretary \_\_\_\_\_ Signature \_\_\_\_\_

Chairperson \_\_\_\_\_ Signature \_\_\_\_\_

Date and Official Stamp. \_\_\_\_\_