COUNTY GOVERNMENT OF BUNGOMA
MINISTRY OF EDUCATION AND VOCATIONAL TRAINING

SCHOLARSHIP APPLICATION FORM
(To be filled by new applicants)

Instructions/Guidelines

• This application form must be filled accurately and completely in CAPITAL LETTERS
• All incomplete or inaccurately filled forms will be automatically rejected
• Canvassing will lead to automatic disqualification
• 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
• Only 2021 KCPE candidates will be considered
• Every part of this form must be filled. Failure to do so makes this application form incomplete and therefore renders the applicant ineligible for the scholarship
• Kindly ensure that you attach the following documents to your duly filled application form:
  o Certified copy of the result slip
  o Certified Copy of Parent/Guardian ID
  o Death Certificate, or Burial permit (for Orphans)
  o Certified Copy of birth Certificate
  o Recommendations from Primary School Head Teacher, National Government Administration (Chief or Asst. Chief) and Religious leader. Please let the recommenders fill the attached recommendation form.
  o Map Indicating the route to the applicant’s home Location
• Copies of ALL DOCUMENTS required must be provided by the applicant. Any applications without relevant documents will be rejected

APPLICATION DEADLINE is 14th May 2021
SECTION A

APPLICANT PERSONAL INFORMATION:

1. Applicant’s Name:_______________________________________________________________

2. Gender: Male ☐ Female ☐ Date of Birth:______________ Place of Birth:_____________

3. Birth Certificate No. ___________________________________ (Attach copy of birth certificate)

4. Sub-county:__________________ Constituency _________________ Location______________
   Sub-location ________________ Ward _________________ Village_______________________

5. Permanent Address: _________________Telephone Number:________________________________

6. Amount applied for in Kshs. _______________________________________________________

7. Name of School _________________________________________________________________

8. Form ___________________ Duration of Study _______________________________________

9. Date of Admission___________________ Adm No.____________________________________

10. Fees payable per year in Kshs. __________________________________________________

11. Who is responsible for paying your school fees: ___________________________________

12. Any Disability; (Yes/No) _________ If Yes; Specify __________________________________

(NB numbers 7, 9 and 10 can be left blank if information not available by the time of submission)

Family Information:

1. Father’s Name:_____________________________ ID No___________________________

2. Father’s Status: Alive ☐ Deceased ☐ (If deceased, please attach Death Certificate)

3. Occupational Status: Employed ☐ Peasant Farmer ☐ Unemployed ☐
   Others (specify)__________________________ (If employed attach copy of latest pay slip)
   Other sources of income_________________ total annual income per year________________

4. Telephone Contact:_____________________________________________________________

5. Mother’s Name:_____________________________ ID No___________________________

6. Mother’s Status: Alive ☐ Deceased ☐ (If deceased, please attach Death Certificate)
7. Occupational Status: Employed ☐ Peasant Farmer ☐ Unemployed ☐

Others (specify)______________________________
(If employed attach copy of latest pay slip).

Other sources of income ___________________ Annual Income per Year___________________

8. Telephone Contact:______________________________________________________________

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

<table>
<thead>
<tr>
<th>No</th>
<th>Name</th>
<th>Year of Birth</th>
<th>Class/Year of Study</th>
<th>Fees Paid per year</th>
<th>Sponsor</th>
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</tbody>
</table>

SECTION B

Applicant’s academic Record (in chronological order):

<table>
<thead>
<tr>
<th>No</th>
<th>Name of School/Institution</th>
<th>Year of admission</th>
<th>Year of completion</th>
<th>Final Grade (KCPE,KCSE etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</table>

Co-curriculum activities (attach Certificates of participation):

a. Sports: ______________________________________

b. Clubs: ______________________________________

c. Other social activities: ______________________
**Additional Remarks:**
In not more than 200 words please explain why you deserve this scholarship:

Signature of applicant: ________________________________ Date: _______________________

**SECTION C**

**RECOMMENDATIONS**

(a) Area Chief/Assistant Chief (*please attach a write up about the applicant if possible*)

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

____________________  ________________________  ____________________________
NAME                                         SIGNATURE                    DATE& OFFICIAL STAMP

(b) Religious Leaders (Ordained Pastors, Bishop, Priest, Imam, etc) (*Please attach write up about the applicant if possible*)

I declare that the above information is true/not true to the best of my knowledge and I am aware that giving false information will lead to automatic disqualification. I recommend/ do not recommend the applicant for scholarship.

_____________________________   _________________________  ____________________________
NAME             SIGNATURE           DATE & OFFICIAL STAMP
(c) Academic Referees

*Kindly provide letters of recommendation from the Academic referees e.g. former school principals.*

*The recommendation letters should include the following information:*

Name of Recommender: ________________________________________________________________

Position _____________________________________________________________

Contact Address ____________________________________________________________

(d) Ward Administrator comments

I recommend/do not recommend the applicant for the award of scholarship.

If not recommended, Give reasons ______________________________________________

_______________________________   _______________________  ____________________________
NAME     SIGNATURE           DATE & OFFICIAL STAMP

For Official Use Only:

Are the applicant documents in order? Yes [  ] No [   ]

Does the applicant qualify for award of scholarship? Yes [   ] No [    ]

Amount allocated: ______________________________________________________________

Remarks ________________________________________________________________

_______________________________   _______________________  ____________________________
SIGNATURE OF APPROVER     DEPARTMENT         DATE
SCHOLARSHIP RECOMMENDATION FORM
(To be filled by recommender)

This part must be completed by the relevant authorities indicated. Any false information will lead to disqualification.

Primary 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 Bungoma County Governor’s Scholarship Program:

How long have you known the candidate/family___________________________

My school has ________ pupils who sat for KCPE and in the most recent tests sat by the applicant before sitting for KCPE, this applicant’s position was no. _______________ overall and attained _______ marks out of 500.

Report on any special interests or talents the child may have e.g leadership, sports, Arts, Music etc: ____________________________________________________________________

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 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.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Postal Address: P.O Box: ___________ Town/City_____________ Postal Code:_____________

Name: ____________________________________ Signature & Official stamp ____________________

Date: ___________________________ Tel/Mobile Number_____________________________
SCHOLARSHIP RECOMMENDATION FORM
(To be filled by recommender)

National Government Administration (chief or Asst. Chief).
How long have you known the candidate/family?
__________________________________________________________________________

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

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<thead>
<tr>
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<th>Yes</th>
<th>No</th>
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<tr>
<td>Orphaned</td>
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<tr>
<td>Parents/guardians are employed</td>
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<tr>
<td>Parents/guardians</td>
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<tr>
<td>Any additional information, explain:</td>
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</table>

I have reviewed the information given in this form and believe it to be truthful. The above named student is a resident of my location/sub-location. Based on my knowledge and/or inquiries, I affirm that he is needy/vulnerable.

Name: _______________________________ Signature & Official stamp ____________________

Date: _______________________________Tel/Mobile Number_____________________________
Religious Leader (Bishop, pastor, priest, imam, etc)

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. Based on my knowledge and inquiries, I affirm that this student is needy/vulnerable based on the following facts about his/her circumstances.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Postal Address:  P.O Box: _______Town/City____________ Postal Code: ____________

Name: _______________________________ Signature & Official stamp ____________________

Date: ________________________________ Tel/Mobile Number_____________________________