

Serial No.....

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 2022 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
 - Recommendations from Primary School Head Teacher, Provincial Administration
 (Chief or Asst. Chief) and Religious leader.
 - 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
- The application to be submitted to the respective ward administrators' offices

APPLICATION DEADLINE is 6th April 2022

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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 WardVillage					
5.	Permanent Address:Telephone Number:					
6.	KCPE Score:					
7.	Name of Secondary School admitted to:					
8.	Fees payable per year in Kshs.					
9.	Who is responsible for paying your school fees:					
10.	Any Disability; (Yes/No)If Yes; Specify					
<u>Family</u>	Information:					
1.	Father's Name:ID No					
2.	Father's Status: Alive Deceased (If deceased, please attach Death Certificate)					
3.	Occupational Status: Employed Unemployed If unemployed, state source of income					
	(If employed attach copy of latest pay slip).					
4.	Total income per year					
5.	Telephone Contact:					
6.	Mother's Name:ID No					
7.	Mother's Status: Alive Deceased (If deceased, please attach Death Certificate)					
8.	Occupational Status: Employed Unemployed If unemployed, state source of income					
	(If employed attach copy of latest pay slip).					
9.	Total income per year					
10.	Telephone Contact:					

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

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

Co-curriculum activitie	s (attach Certificates of pa	articipation):		
(a). Sports:		(b) Clubs:		
	::			
Additional Remarks: In not more than 200 words p	olease explain why you de	serve this schol	arship:	
Signature of applicant:			Date:	
SECTION B				
RECOMMENDATIONS				
(a) Area Chief/Assistant Ch	ief (please attach a write	up about the a	oplicant if pos	ssible)
I declare that the above info	ormation is true/not true t	to the best of r	ny knowledge	and I am aware that
giving false information wil	l lead to automatic disqu	ualification. I r	ecommend/ de	o not recommend the
applicant for the award of sch	nolarship.			
NAME	SIGNATURE		DATE& OF	FICIAL STAMP

(b) Religious Leaders (Ordai the applicant if possible)	ned Pastors, Bishop, Priest, I	mam, etc) (Please attach write up about
I declare that the above information	mation is true/not true to the	best of my knowledge and I am aware that
		ation. I recommend/ do not recommend the
applicant for the award of scho	olarship.	
NAME	SIGNATURE	DATE & OFFICIAL STAMP
(c) Academic Referees		
Kindly provide letters of reco	mmendation from the Acaden	nic referees e.g. former school principals.
The recommendation letters s	hould include the following in	formation:
Name of Recommender:		
Contact Address		
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Ward Administrator		
Has the applicant submitted all	required documents? Yes []]	No []
Remarks:		
NAME	SIGNATURE	DATE & OFFICIAL STAMP
County Education Support S	Scheme Committee	
Does the applicant qualify for	award of the scholarship? Yes	[] No []
Remarks:		
NAME OF APPROVER	SIGNATURE	DATE & OFFICIAL STAMP

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