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
  o 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
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. 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 __________________________________

Family 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: __________________________________________________________________________
11. 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>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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 B

RECOMMENDATIONS

(a) Area Chief/Assistant Chief *(please attach a 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 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 the award of 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: ..............................................................................................................

FOR OFFICIAL USE ONLY

Ward Administrator

Has the applicant submitted all required documents? Yes [ ] No [ ]

Remarks: __________________________________________________________________________

____________________________________________________________________________________

___________________________   ___________________________  ____________________________  
NAME         SIGNATURE           DATE & OFFICIAL STAMP

County Education Support Scheme Committee

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

Remarks: __________________________________________________________________________

____________________________________________________________________________________

___________________________    __________________________         _________________________
NAME OF APPROVER                  SIGNATURE                 DATE & OFFICIAL STAMP