COUNTY GOVERNMENT OF BUNGOMA
MINISTRY OF EDUCATION AND VOCATIONAL TRAINING

SCHOLARSHIP RENEWAL APPLICATION FORM
(To be filled by continuing students)

Applicant’S Personal Information:
1. Applicant’s Name: ____________________________________________________________

2. Date of Birth: ____________ Birth Certificate No. ___________________ (Attach copy of birth certificate)

3. Sub-county: ___________________ Ward ___________________ Location ___________________
   Sublocation ___________________ Village ___________________

4. Name of School ___________________ Form _______ Adm No. ____________

Family Information:
1. Father’s Name: ___________________ ID No____________ Phone No.: ____________


3. Mother’s Name: ___________________ ID No____________ Phone No.: ____________


Academic Progress:

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<tr>
<th>No</th>
<th>Form/Class</th>
<th>Term 1</th>
<th>Term 2</th>
<th>Term 3</th>
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<td></td>
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<td>Mean grade</td>
<td>Overall class position</td>
<td>Mean Grade</td>
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Additional Remarks:
In not more than 200 words give any additional remarks:
Kindly submit the following documents to the office of the Ward Administrator:

Academic progress reports (report cards), fee payment statement for the ending academic year, fee structure for the new academic year.

Signature of applicant: ___________________________________________ Date: ________________________

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 the renewal of the scholarship? Yes [ ] No [ ]

If no give reasons: ____________________________________________________________________________

If yes, amount allocated: _______________________________________________________________________

Remarks_______________________________________________________________________________________

________________________________   _______________________________   _________________________

NAME OF APPROVER                           SIGNATURE                 DATE & OFFICIAL STAMP