



**COUNTY GOVERNMENT OF KERICHO**

**P.O.BOX 112-20200**

**KERICHO**

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**KERICHO COUNTY BURSARY APPLICATION FORM 2018/2019 FY**

.....WARD

**PART A: STUDENT CURRENT PHYSICAL ADDRESS**

Sub county..... Ward.....

Location..... Name of the Chief: .....

Sub- location..... Village.....

**PART B: STUDENT PERSONAL DETAILS (Fill where appropriate)**

1. Full Name (Official Name)  
.....

2. Date of Birth.....

3. Gender .....

4. Admission or Registration  
Number.....

5. ID No/Passport No.....

6. Name of Institution (Attach copy of previous banking slip/Admission  
letter).....

7. County where the institution is  
located.....

8. Tel. No. of (a) Applicant.....  
(b)

Guardian/Parent.....

9. Are you a (a) Regular student?  
.....

(b) Privately sponsored student?.....

**PART C: FAMILY INFORMATION**

1. (a) Name of father: .....

(b) Name of mother: .....

(c) Name of Guardian: .....

(If deceased provide death certificate/ letter from local area Chief)

2. Occupation of parents (i)

Father.....

(ii) Mother .....

3. Both parents alive: yes ..... No .....(if no attach death certificate or letter from local chief)

4. Single Parent. Yes .....

No.....

5. If you are an orphan, who provides for your school fees?

Self.....Guardian .....Sponsor.....

Any other (specify) .....

6 Persons living with disability

Nature of disability:.....

If registered with National Council of People With Disability, provide registration

number.....

7 Have you benefitted from ANY bursaries before? Yes.....

NO.....

(If YES state the source and amount

(a)

CDF.....

(b) Ministry.....

(c) County.....

(d) Any other.....

**PART D: APPLICANTS SIBLINGS IN EDUCATIONAL INSTITUTIONS**

Siblings Names	Name of Institution	Year of Study/Form	Total Annual fees	Fees Paid	Outstanding Fees Arrears

**PART E: STUDENT DECLARATION**

I..... herein, declare to the best of my knowledge that the information given is true.

Name: ..... Signature ..... Date .....

**PART F: PARENT/GUARDIAN DECLARATION**

I declare that I have read this form or it has been read to me and I hereby confirm that the information given hereunder is true to the best of my knowledge.

Name .....

Signature .....Date .....

**PART G: VERIFICATION BY AREA CHIEF**

Name of chief.....

Location.....

Comments.....

Rubber stamp.....Date.....

**PART H: VERIFICATION BY INSTITUTION**

1. To be filled, signed and stamped by the institutional authority.

Total fees required	HELB or other assistance	Amount the student is able to pay	Outstanding balance
Kshs:	Kshs:	Kshs:	Kshs:

School Bank Account No. ....

Bank Name: ..... Branch: .....Bank Code: .....

Institutions Official Rubber Stamp:.....

Name of Accounting Officer .....  
Designation: .....  
Signature ..... Date.....  
Accounting Officer's Phone No. ....

**PART I: DECLARATION BY INSTITUTION.**

I declare that.....is a bonafide student of this institution.

Name .....  
Designation .....  
Institutions Official Phone Number  
.....  
E-Mail: .....  
Official Rubber Stamp .....

**FOR OFFICIAL USE ONLY**

**WARD BURSARY COMMITTEE/PANEL**

Score .....

Bursary awarded Kshs: .....

Bursary not awarded (Reasons).....

Chairperson .....Signature .....Date.....

Secretary ..... Signature .....Date.....

Ward administrator..... Signature .....

Date.....

Official ward  
stamp.....

NOTE: "Only successful applicants shall be notified