



MINISTRY OF
EDUCATION, HUMAN CAPITAL
DEVELOPMENT AND
VOCATIONAL TRAINING

COUNTY GOVERNMENT OF HOMA BAY

COUNTY BURSARY APPLICATION FORM © 2022/2023

ADMINISTRATIVE DETAILS.

YEAR	WARD.....
SUB COUNTY.....	LOCATION.....
SUBLOCATION.....	VILLAGE.....

PART I: APPLICANT'S PERSONAL DETAILS

1.0 FULL NAME.....		
Surname	First Name	Middle Name
1.1. ADMISSION No.....		1.2. GENDER.....
1.3. NAME OF SCHOOL/COLLEGE/VOCATIONAL CENTRE.....		
1.4. CLASS /COURSE & YEAR OF STUDY.....		

PART II – FAMILY DETAILS

2.0 Indicate appropriately in the boxes besides each question item by YES/NO in one case which apply to you.

a) Are both parents alive?

b) Is one parent deceased?

c) Are both parents deceased?

d) Is your parent a single parent?

e) Any disability of the parent?

For 2.0(b), or 2.0(c), or 2.0 (e), attach the EVIDENCE, copy of the death certificate or death notification.

2.1 Parent`s/Guardian's Name:.....

2.2 Occupation:.....

2.3 Cellphone No:.....

2.4 How many brothers/sisters do you have?

(a) Brothers

(b) Sisters

2.5 How many are employed/have business?

2.6 If both parents are dead or are too poor to pay your fees, who has been paying your fee?

(a) Guardian

(b) Sponsor

(c) Well-wishers

(d) Are you a beneficiary to any other bursary scheme e.g. CDF Yes? No? (Attach

photocopy of your father`s or mother`s ID/voter`s card as an evidence that you belong To that ward)

PART III: FAMILY`S FINANCIAL STATUS

3.0 Family`s/Guardian`s Gross In-come in the last one year(Kshs.)

	Father	Mother	Guardian
Gross Income			

3.1 Applicant`s Siblings in Educational Institutions

Sibling`s Name/ Guardian`s dependents	Educational institution Name	Year of study/class	Fees Payable	Outstanding balance

(Attach a separate sheet of paper if need be)

PART IV: STUDENT DECLARATION

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

Student`s Signature.....

(NOTE: If any information given in this form is found untrue ,the student application will automatically be nullified and will not benefit from the County Bursary)

PART V: SCHOOL VERIFICATION

5.0 Class Position; Term One Term Two Term Three

(N/B: the student must attach certified copies of report forms/academic transcripts)

- 5.1. Student's discipline
- 5.2. Student's level of need.....
- 5.3. Student's academic ability.....
- 5.4. Name of the Head Teacher/Principal
- 5.5. Cell Phone No.....
- 5.6. School Account Name.....Bank.....
- 5.7. School Account Number.....Branch.....

Signature Date

Official Stamp

PARTVI:CHIEF/ASS.CHIEF

6.0. Comment on the status of family/parent.....
.....
.....

6.1. I certify that the information given above is correct.

Name:.....signature& Date.....Official stamp

FOR OFFICIAL USE ONLY

Ward Bursary Committee

7.0. Score

7.1. Approved for Bursary

7.2. Not Accepted for Bursary Reason _____

7.3. Bursary Awarded/ Recommended Kshs.

7.4. Chairman`s

Name:.....Sign.....Date.....

7.5. Secretary`s Name:.....Sign.....Date.....

WARD ADMINISTRATOR

I certify that the bursary application form for the above applicant has passed through my office for forwarding to the County Fund committee for approval.

Name.....

Signature.....Date.....Official stamp.....

NOTE

Approval and Preparation of Bursary Payment

The Ward Committee shall submit the list of beneficiaries and minutes of the proceedings to the County Fund Committee for approval and preparation of payment for the Education Bursary Awardees.