

THE COUNTY GOVERNMENT OF LAIKIPIA



DEPARTMENT OF EDUCATION, GENDER, YOUTH, SPORTS AND ICT

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LAIKIPIA COUNTY EDUCATION BURSARY APPLICATION FORM 2016/17

Return by 16th January 2017

A. REQUIREMENTS AND INSTRUCTIONS (*applicants must read the following before completing this form*)

- All sections in this form must be filled
- One should apply once in the ward of residence
- Completed form should be submitted to the respective Ward Administrator’s Office.
- For students joining Form 1 admission letter and fees structure is **mandatory** (Part B section 3-6).
- Supportive documents on family background namely death certificate or disability registration /assessment **must** be attached (Parts B-7 and C-8).
- **NB: County Government of Laikipia does not charge fee for anyone to be awarded bursary**

B.STUDENT’S PERSONAL DETAILS

(1) Full Name

Last First Middle

(2) Sex Male Female

(3) Date of Birth Admission No Form/Year

(4) Student Telephone Number.....Email Address.....

(5) Name of School/College/University.....

(University student must attach copy of student ID cards)

(6) Fees requirement in Kenya shillings

Annual total fees Fees paid/Able to pay Outstanding balance

(Attach current fee structure)

(7) Any form of disability Yes No If Yes, specify.....

C.FAMILY BACKGROUND (tick appropriately on nature of your family background)

(8) Has both parents Has a single parent
 Has one parent deceased Total orphan
 Parent with disability (Mentally handicapped)
 Parent with disability (Physically challenged)
 Parent with disability (Visually impaired)
 Parent with disability (Hearing impaired)
 Other form of disability please specify

(9) Estimated Gross Income in the last 12 months in Kenya Shillings (*Gross income means income from salary, business, farming and other occupations*)

Parent/Guardian	Father	Mother	Guardian/Sponsor
Gross Income			

(10) Student’s siblings in education institutions

Siblings Name/Guardian Children Name	Name of Institution	Year of Study/Form	Annual Total Fees	Fees paid	Outstanding Balance

D. STUDENT’S DECLARATION

(11) I declare to the best of my knowledge that the information given herein is true.
 Student’s NameSignatureDate.....

E. PARENT’S/ GUARDIAN’S DECLARATION

(12) I declare that I have read this form/this form has been read to me and I hereby confirm that the information given herein is true to the best of my knowledge.
 Parent’s /Guardian’s NameOccupation

Signature.....Date..... Telephone Contact.....

F. LEARNING INSTITUTIONS /SCHOOL VERIFICATION (ALL FIELD ARE MANDATORY)

(i) Secondary Level

(13) Form Position Term 1 Term 2 Term

(14) Principal’s brief comments on student’s level of need and discipline.....
.....

(15) School registration no.....

(16) Bank details

Bank Account No.....

Bank Name.....

Branch.....

(17) I declare that the above is a student in this school.

Principal’s Name.....Signature.....

Date..... Official Stamp (**Mandatory**) Telephone Contact (**Mandatory**)

Email no.

(ii) Tertiary Level

(18) Year Faculty / Department

(19) I declare that the above is a student in this College /University.

Dean of Student/Principal’s Signature.....

Date..... Official Stamp.....

G. RELIGIOUS LEADER

(20) General comment on the family/parent status
.....

Name.....Signature.....

Date..... Official Stamp..... Telephone Contact.....

H. AREA ASSISTANT CHIEF/CHIEF

(21) General comment on the family/parent status.....
.....

(22) Ward Location Sub Location

(23) I certify that the information given above is correct.

Name Signature Date

Designation.....Official Stamp.....Telephone Contact.....

J. OFFICIAL USE BY THE WARD BURSARY COMMITTEE

(24) Score.....

(25) Approved for Bursary Bursary Awarded Ksh.

(26) Not approved Main reason.....
.....

(27) Chairman's Official Stamp