

Figures (Kshs) _____

- Amount paid or able to raise

In Words _____

Figures (Kshs) _____

- School Details (Mandatory)

Account Name _____

Account No: _____

Bank: _____

Branch: _____

Contact: _____ E-mail: _____

PART C: FAMILY INFORMATION

1 Tick appropriately

Family Status

- Both parents are alive
- Single parent
- One parent is deceased
- Orphan
- Both or one Parent/ Guardian has a disability
- The student has a disability or a special education need

(Attach supporting documents e.g., death certificate, letter explaining disability or other disadvantage/circumstances from chief, religious leader, prominent reference)

1. Parents/Guardian's Name(s)

Father _____

Occupation/Profession _____

Contact _____

Age _____

Mother _____

Age _____

Occupation/Profession _____

Contact _____

Guardian _____

Occupation/Profession _____

Contact _____

Age _____

2. How many siblings do you have? _____
3. How many children does the guardian have? _____
4. How many of your siblings are working/ in business/ farming? _____
5. Give details of your siblings/ guardian's children in secondary or post-secondary institutions in the table below;

Siblings' Name/ Guardians Children	Name of Institution	Year of Study	Total Fees	Fees Paid	Outstanding Balance
GRAND TOTAL					

6. If an orphan, who has been paying for your education? (State)

Name: _____

Relation: _____

Contact: _____

PART D: INFORMATION ABOUT FAMILY FINANCIAL STATUS

GROSS INCOME IN THE LAST 12 MONTHS - (KSHS)

	Father	Mother	Guardian/Sponsor
Main occupation			
Other occupation capable of raising income			
Gross income			

- Gross income: (This means income from salary, business, farming, or any other lawful source per year.)

PART E: OTHER DISCLOSURES

DISCLOSURE OF ANY OTHER BURSARY BENEFIT

- i. Have you received any other bursary or support from a public source? (Tick the relevant box)

YES

NO

If yes, disclose the source and the amount granted

Source _____

Years received _____

Amount granted _____

- ii. If you are a student in university or tertiary college, have you applied for financial support from HELB?

YES

NO

- iii. If YES, state the outcome and why you should be granted a bursary under this programme: _____

- iv. If No, state the reason _____

1. STUDENT'S DECLARATION

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

Student's signature _____ Date _____

2. PARENTS/GUARDIAN'S DECLARATION

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 Name: _____

Parent's/guardian's Signature _____ Date _____

3. SCHOOL VERIFICATION

- a) For Continuing Students (applicable to public secondary and boarding primary schools)

Year

Position in class/form

Term I Term II Term III

Student's Discipline (tick one option only)

Excellent V. Good Fair Poor Principal/Head teacher's brief comments on the student's level of need, discipline, and academic performance. _____
_____**Note: Applicant to Attach Latest Report Form.**

I confirm that the above is a continuing student in this school.

Principal/Head teacher's Name _____ Signature _____

TSC No. _____

Date and School Stamp _____

AREA CHIEF/ASSISTANT CHIEFComment on the status of the family/parent

I certify that the information given above is correct.

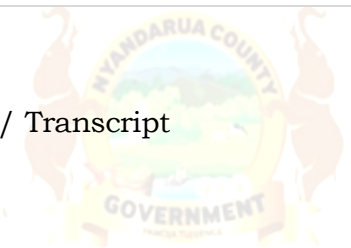
Name: _____ Signature: _____ Date: _____

Position/ Designation: _____

Date/ Stamp: _____ NOTES

- i. All relevant sections in this form MUST be filled in and ensure that the information given is correct.
- ii. Wrong information will automatically disqualify the applicant. iii. One should apply one form at a time and in one Ward ONLY.
- iv. Supporting documents to be attached (compulsory).

- a) Fees structures.
- b) Admission letter.
- c) Performance report/ Recent report form/ Transcript
- d) School/ College/ University ID card.
- e) Any other relevant documents.



PART E: FOR OFFICIAL USE ONLY BY THE WARD BURSARY ALLOCATION COMMITTEE.

TOTAL SCORE:

Approval (tick): Approved for Bursary

Not approved for Bursary

Reasons for award or disapproval

Nature and terms of full or partial sponsorship

CHAIRMAN

SECRETARY

Name: _____

Name: _____

ID NO: _____

ID/PF NO: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

FY 2023-2024