

REPUBLIC OF KENYA

COUNTY GOVERNMENT OF NYANDARUA DEPARTMENT OF EDUCATION, CHILDREN, GENDER AFFAIRS, CULTURE AND SOCIAL SERVICES



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BURSARY APPLICATION FORM

The Fund Administrator, Thru' the Ward Administrator	War	rd,	
Nyandarua County Bursary Fund			
PART A: (STUDENTS PARTICULARS)			
1. Full Name			
Last	First	Middle	
2. Sex Male ()	Female ()		
3. Sub County Ward.	G		
4. Date of Birth	Students Contact: .		
5. Name of School			
N <mark>EM</mark> IS NO.	Admission No	Class/Form	
6. Name of university or college			
Adm No	Year of study		
*(For students joining Form one attach school admission form, final examination result slip, and a leaving –certificate) Name of the school Admitted			
Category of the school (tick the applicable category)			
National • Sub County			
Extra- County • Day school			
• County			
PART B: AMOUNT APPLIED			
Total Payable Fees in words and figures-			
In words			
Figures (Kshs)			
Outstanding Balance			
In words			

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
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					
	2. How many siblings do you have? 3. How many children does the guardian have?				
4. How many of your	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/	Name of Institution	Year of	Total Fees	Fees Paid	Outstanding
Guardians Children		Study			Balance
GRAND TOTAL					
6. If an orphan, who l	nas been paying for yo	ur educat	tion? (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		
111.	If YES, state the outcome and why you should be granted a bursary under		
	this programme:		
1V.	v. If No, state the reason		
1.	STUDENT'S DECLARATION		
I d	eclare that to the best of my knowledge the information given herein is true		
St	udent' <mark>s si</mark> gnature Date		
2.	PARENTS/GUARDIAN'S DECLARATION		
I d	eclare that I have read this form/this form has been read to me and I hereby confirm		
th	at the information given herein is true to the best of my knowledge.		
Pa	rent's/Guardian's Name:		
	rent's/guardian's SignatureDate		
3.	SCHOOL VERIFICATION		

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

Year		
Position in class/form		
Term I		
Term II		GOVERNMENT
Term III		
Student's Discipline (tick o	ne option only)	
Excellent		
V. Good		
Fair		
Poor		
Principal/H <mark>ead teacher</mark> 's b	rief comments on the stude	nt's level of need, discipline, and
academic performance		
Note: Applicant to Attach Lo	itest Report Form.	
I confirm that the above is a co	ontinuing student in this scl	hool.
Principal/Head teacher's Nam	e	Signature
TSC No		
Date and School Stamp		
AREA CHIEF/ASSISTANT CH	<u>IIEF</u>	
Comment on the status of the	family/parent	
I certify that the information given	ven above is correct.	
Name:	Signature:	Date:
Position/ Designation:		
Date/ Stamp:		NOTEs
i. All relevant sections in this	form MUST be filled in and	ensure

- 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 sponso	rship
CHAIRMAN	SECRETARY
Name:	Name:
ID NO:	ID/PF NO:
Signature:	Signature:
Date:	Date: