

**REPUBLIC OF KENYA**



**SIAYA COUNTY GOVERNMENT**

**EDUCATION, YOUTH AFFAIRS, GENDER AND SOCIAL SERVICES**

**SIAYA COUNTY EDUCATION BURSARY FUND (SCEBF)**

**BURSARY APPLICATION FORM-2018/2019 FY-COLLEGES AND UNIVERSITIES**

**INSTRUCTIONS**

- 1. Incomplete SCEBF Bursary Application form will not be processed**
2. This form must be filled in **BLOCK LETTERS**.
3. Each Applicant **MUST** attach a certified copy of his/her institution's fees statement, while newly admitted students should include a copy of the Admission letter.
4. For continuing Students, ensure you attach a copy of the previous semester's transcript (Mandatory).
5. A copy of the National Identity card **MUST** be attached
6. For Total and Partial Orphans, ensure that you attach copies of Death Certificates, Burial Permit or a letter from your area Chief.
7. For students with Disability, a letter explaining the nature of disability from a Chief, Assistant Chief, Head teacher, Government medical Officer or Religious leader.
- 8. The completed form should be returned to the Ward Administrator's office.**
9. It is important that the SCEBF Applicant declares other bursary Fund Support he/she is currently receiving.
10. The Applicant **MUST** only apply in his/her Ward.
11. The filled form should be returned to the **Ward Administrator's** office latest by **05<sup>th</sup> December, 2018 at 4.00 pm** and should be acknowledged by the ward office.

**NB: Forgery and making of illegal rubberstamps are criminal offences and any applicant who commits such offences shall be charged in a court of law.**

**PART1: GENERAL INFORMATION (Use block letters)**

Year of Application.....County..... Sub-County.....

Ward.....  
.....

Sub-Location.....Village.....  
.

**PART 2: STUDENT PERSONAL DATA:**

- (a) Student's name.....  
Surname First Middle
- (b) Sex: Male.....Female..... ((Tick one only)
- (c) Year of Birth..... Month.....Day.....(Attach a copy of your ID)
- (d) Disability (if any): State Type.....
- (e) Father's name.....ID.NO.....Mobile NO.....
- (f) Mother's name.....ID. NO.....Mobile NO..... OR
- (g) Guardian's name.....ID.NO.....Mobile NO.....
- (h) Relationship to the Guardian.....
- (i) Who pays for your fees(i) Father (ii) Mother (iii)Guardian (iv) A well-wisher/sponsor(specify the sponsor/well-wisher)..... (Tick one only)

**PART3: EDUCATION DATA/INSTITUTION DETAILS**

- (a) Name of College/University .....
  - (b) P.O BOX.....Tel. No.....Mobile No.....
  - (c) Year of Admission..... Admission No.....Year of Study.....
  - (d) Category of College/University  
Public.....Private..... (Tick as appropriate)
- (Attach Evidence i.e. a copy of either admission letter or transcript)

**PART 4: FEES PAYABLE FOR THE YEAR**

- (a) Total Fees Payable.....
- (b) Total Fees Paid.....
- (c) How much loan are you receiving from the Higher Education Loans Board?  
Kshs.....(provide evidence)
- (d) Balance to pay.....
- (e) Amount applied for.....

(Attach certified copy of current fee structure) or fees balance statement duly certified by the Principal/Vice chancellor)

**PART 5: FAMILY STATUS INFORMATION**

- (a) Both Parent alive.....
- (b) Single Parent Alive .....
- (c) One Parent Dead.....
- (d) Both Parents Dead.....  ( Attach a death certificate /burial permit or Letter from Chief or Assistant Chief)
- (e) Single parent dead.....  (Tick one only)
- (f) Family’s main source of income

.....  
 .  
 .....

**Total income per Year Ksh.....**

**(g) OTHER SIBLINGS IN SCHOOL/COLLEGES/UNIVERSITY**

Name of student	Institution	Form/Year	Total/Fee(Ksh)	Paid( Ksh)	Balance (Ksh)
<b>Total Fee Burden Per year</b>					

**PART 6: STATUS OF BURSARY RECEIVED (If any)**

(a) How much SCEBF Bursary did you receive in the past one year?

Ksh.....

(b) Are you a beneficiary of any other Bursary Scheme?

(i) Yes

(ii) No

(Tick one only)

(c) If yes, specify (i).....

(ii).....

(d) How much did you receive from (c) above, last financial year?

Ksh.....

**PART 7: VERIFICATION, DECLARATION AND RECOMMENDATION**

**(A) STUDENT'S DECLARATION:**

I declare that the information given above is true:

Name.....

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

Mobile No.....

**(B) PARENT'S/GUARDIAN'S DECLARATION**

I declare that I have read this form or this form has been read to me and hereby confirm that information given is true. State reasons why you are not able to pay your child's fees.....

.....  
.....  
.....

Name.....

.....

Signature/thumb print.....Date:

.....

Mobile No .....

**D) PRINCIPAL'S/REGISTRAR'S DECLARATION**

(I) Year of Admission.....

(II)Academic performance: Semester/Term I ..... Semester/Term II  
..... Semester/Term III..... (Certify the attached copy of transcript)

Excellent.....Very Good.....Average.....

Below Average .....

(iii)Total Fees Outstanding Ksh .....

(iv) Student's Discipline:

Excellent.....Very Good .....Good.....Fair .....  
poor..... (Tick one option only)

(v) Principal's/Registrar's comments on the level of need, Discipline and academic Performance.

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.....  
.....  
.....

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

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

Mobile No.....

**Account particulars:**

Name of bank: .....

Branch: .....

Account number: .....

**NB: PLEASE NOTE THAT THIS IS VERY IMPORTANT FOR WIRING FUNDS FOR SUCCESSFUL APPLICANTS. NO CHEQUES WILL BE ISSUED**

**E) CHIEF/ ASSISTANT CHIEF’S OR RELIGIOUS LEADER’S REMARKS ON THE STATUS OF THE FAMILY/PARENTS AND DISABILITY OF THE STUDENT (if any)**

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.....  
.....  
.....

I) Certify that the information given above is true

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

Mobile No.....

Date/stamp.....

**PART F: DECLARATION BY THE WARD EDUCATION BURSARY FUND.**

**DECLARATION BY SCEBF-BURSARY WARD COMMITTEE**

(c) Total Score

(d) General remarks .....

.....  
.....

**RECOMMENDATION:**

**PART A**

i. Not Deserving

ii. Deserving

iii. Most deserving and require assistance

Signed:

**CHAIRMAN:**

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

Date.....

**SECRETARY:**

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

Date.....

**PART B: DECLARATION BY THE SIAYA COUNTY EDUCATION BURSARY COMMITTEE**

**REMARKS(IF ANY)**.....  
.....  
.....

**RECOMMENDATION**

(I) Not deserving

(II) Deserving

(III) Most deserving and requires assistance

**Signed:**

**CHAIRMAN:**

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

Date.....

**SECRETARY:**

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

Date.....

