

REPUBLIC OF KENYA



COUNTY GOVERNMENT OF SIAYA

DEPARTMENT OF EDUCATION, YOUTH AFFAIRS, GENDER AND SOCIAL SERVICES
SIAYA COUNTY EDUCATION BURSARY FUND (SCEBF)Email: siaya.eyags@gmail.com

BURSARY APPLICATION FORM-2019/2020

INSTRUCTIONS

- 1. Incomplete SCEBF Bursary Application form will not be processed**
- This form must be filled in **BLOCK LETTERS**.
- Each Applicant **MUST** attach a certified copy of his/her institution's fees statement. Newly admitted students to include a copy of the Admission letter.
- Each Applicant **MUST** ensure to fill in correct **Email addresses, Bank Details and contacts** for his/her institution.
- For continuing Students, ensure you attach a copy of the previous semester's transcript/Report Form (Mandatory).
- A copy of the National Identity card **MUST** be attached
- For Total and Partial Orphans, ensure that you attach copies of Death Certificates, Burial Permit or a letter from your area Chief.
- For students with Disability, a letter explaining the nature of disability from a Chief, Assistant Chief, Head teacher, Government medical Officer or Religious leader.
- It is important that the Applicant declares other bursary Fund Support he/she is currently receiving.
- The Applicant **MUST** only apply in his/her Ward.
- The filled form should be returned to the **Ward Administrator's** office latest by **15th November, 2019 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.

FORM

PART 1: 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) Email Address.....

(d) Year of Admission..... Admission No.....Year of Study.....

(e) 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..... Balance

(b) Total Fees Paid..... Balance

(c) How much loan are you receiving from the Higher Education Loans Board? Kshs:.....

(provide evidence)

(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: Both Parents Dead

(b) One Parent Alive: One Parent Dead

(c) Single parent Alive: Single Parent Dead *(Attach a death certificate /burial permit or Letter from Chief or Assistant Chief)*

Family's main source of income

..... Total income per year Kshs:

State why you are not able to pay your child's school fees

.....

(g) OTHER SIBLINGS IN SCHOOL/COLLEGES/UNIVERSITY

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

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.e CDF NGAAF CBO NGO

(c) If yes, specify, and state the amount.....

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

FORM

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. 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 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.

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Name.....Signature.....Date.....Rubber stamp.....

Mobile No..... Email Address.....

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.

(c) Total Score

(d) General remarks

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RECOMMENDATION:

- i. Not Deserving
- ii. Deserving
- iii. Most deserving and require assistance

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

CHAIRMAN:

Name.....Signature..... Date.....

SECRETARY:

Name.....Signature..... Date.....