

REPUBLIC OF KENYA



COUNTY GOVERNMENT OF SIAYA

DEPARTMENT OF EDUCATION, YOUTH AFFAIRS, GENDER AND SOCIAL SERVICES
SIAYA COUNTY EDUCATION BURSARY FUND (SCEBF)

Email: siaya.evags@gmail.com

BURSARY APPLICATION FORM-2019/2020

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. Newly admitted students should include a copy of the Admission letter.
4. Each Applicant **MUST** ensure to fill in correct **Email Addresses, Bank Details** and **Contacts** for his/her institution.
5. For continuing Students, ensure you attach a copy of the previous term's Report Form (Mandatory).
6. For Form One students, ensure you attach a copy of your primary school leaving certificate and result slip.
7. For Total and Partial Orphans, ensure that you attach copies of Death Certificates, Burial Permit or a letter from your area Chief.
8. For students with Disability, a letter explaining the nature of disability from a Chief, Assistant Chief, Head teacher, Government medical Officer or Religious leader.
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 **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.....

(d) Disability (if any): State Type.....

(e) Father's name.....IDNO.....Mobile NO.....

(f) Mother's name.....IDNO.....Mobile NO.....

OR

(g) Guardian's name.....IDNO.....Mobile NO.....

(h) Relationship to the Guardian.....

(i) Who pays for your fees: Father (ii) Mother (iii) Guardian (iv) A well-wisher sponsor (Tick one only)**PART 3: EDUCATION DATA/INSTITUTION DETAILS**

(a) Name of Secondary School

(b) P.O BOX.....Tel/Mobile No..... Email Address:

(c) Year of Admission..... Admission No.....Form/Class.....

(d) Category of School National County Sub-County (Tick as appropriate)

(Attach Evidence i.e. either admission letter or report form)

PART 4: FEES PAYABLE FOR THE YEAR

(a) Total Fees Payable..... Balance

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

(c) Amount applied for.....

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

PART 5: FAMILY STATUS INFORMATION(a) Both Parents alive: Both Parents Alive (b) One Parent Alive One Parent (c) Single Parent Alive Single Parent Dead (Tick one only)

(Attach a death certificate /burial permit or Letter from Chief or Assistant Chief)

Family's main source of income :.....Total income per Year Ksh.....

Form

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

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(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 last financial 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.

Name.....Signature/thumbprint.....Date:.....Mobile No.....

(C) IMMEDIATE PRIMARY SCHOOL HEAD TEACHERS’S DECLARATION (THOSE JOINING FORM ONE)

(I) Year of Admission..... KCPE Result: Marks.....Grade.....

(ii) Discipline: Excellent Very Good Good Fair Poor

(iii) Recommendation on level of need, Discipline and Academic performance:

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.....

I declare that the above named was a pupil in this school and the information given is true

Name SignatureDate.....Mobile No.....

Form

D) PRINCIPAL'S DECLARATION

(I) Year of Admission.....

(II) Position in class/Form: Term I Term II Term III..... (Certify the attached copy of the report form)

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 comments on the level of need, Discipline and academic Performance.

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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.

I confirm that the School/institutions is registered by the Ministry of Education

Reg. No and that the above named is a student in this school and that the information given above is true.

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

Schools' Email Adress: Rubber stamp.....

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.....

Form

PART F: DECLARATION BY THE WARD EDUCATION BURSARY FUND.

(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)

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RECOMMENDATION

(I) Not deserving

(II) Deserving

(III) Most deserving and requires assistance

CHAIRMAN:

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

SECRETARY:

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