REPUBLIC OF KENYA



COUNTY GOVERNMENT OF SIAYA

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

Email: siaya.eyaqs@gmail.com

BURSARY APPLICATION FORM-2022/2023

INSTRUCTIONS

- 1. Incomplete SCEBF Bursary Application form will not be processed
- 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 the 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 results 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 the area 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 **9**th **December 2022 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.

: Applicants with multiple applications will not benefit

Special Schools Bursary Form

Year of Application	County	Sı	ub-County
Ward	Sub-Location.		Village
PART 2: STUDENT P	ERSONAL DATA:		
(a) Student's Name			
	Surname	First	Middle
(b) Sex: Male] Female	(Tick one only)	
(c) Date of birth: Day	/ Month	Year	
(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
	e Guardian		
(i) Who pays for you	r fees: Father	(ii) Mother	(iii) Guardian []
(iv) A well-wisher	(v) sponsor	Tick one only)	
PART 3: EDUCATION	I DATA/INSTITUT	TON DETAILS	
(a) Name of School			
(b) P.O Box	CodeTel/	Mobile No	Email Address:
(c) Year of Admission	າ Adm	ission No	Form/Class/ Level
(d) Category of School	ol National Cour	nty Sub-County [(Tick as appropriate)
(Attach Evidence i	.e. either admission	letter or report form)	
PART 4: FEES PAYA	BLE FOR THE YEAR	₹	
(a) Total Fees Payabl	e	Balance	
(b) Total Fees Paid		Balance	
(c) Amount applied for	or		
(Attach certified copy o	f current fee structure	e) or fees balance stater	ment duly certified by the Principal)
PART 5: FAMILY STA	ATUS INFORMATION	ON	
(a) Both Parents alive	e:		
(b) Single Parent Aliv	e		
(c) Total orphan (Tic	k)		
(Attach death certific	L ate /burial permit or a	Letter from the Chief of	or Assistant Chief)

Family's main source of income :			Special Schools Bursary FormTotal income per Year KSH			
State why you are not able to pay your child's school fees (g)OTHER SIBLINGS IN SCHOOL/COLLEGES/UNIVERSITY						
					Name of student	Institution
Total Fee Burden Per y	ear					
PART 6: STATUS OF E	BURSARY RE	ECEIVED (If	any)			
(a) How much SCEBF Burs(b) Are you a beneficiary(c) If yes, specify (i)(d) How much did you red	of any other Bu	ursary Scheme	? (i) Yes (ii)	No (tick one only)	
PART 7: VERIFICATIO	N, DECLARAT	TION AND RE	COMMENDATION			
(A)STUDENT'S DECLAR	RATION:					
I declare that the informa	ation given abo	ove is true:				
NameDateMobile No						
(B)PARENT'S/GUARDI I declare that I have read information given is true.			en read to me and	hereby confir	m that	
Name	Signatı	ure/thumbprint	Date	:Mc	bile No	
(C) IMMEDIATE PRIMA FORM ONE) (I)Year of Admission				-		

(I)Year of Admission	KCPE Results: Marks	Grade			
(ii) Discipline: Excellent \ \	/ery Good Good	Fair	Poor		
(iii) Recommendation on level of need, Discipline and Academic performance:					
I declare that the above named was a pupil in this school and the information given is true					
Name	Signature	Date	Mobile No		

D) PRINCIPAL'S DECLARATION

(I) Year of Admission				
(II) Position in class/Form/Level: Term I Term II Term III 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.				
Account particulars:				
Name of bank:Branch:Account number:				
Bank code:				
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.				
NameDateMobile No				
Schools' Email Address:				
E) CHIEF/ ASSISTANT CHIEF'S OR RELIGIOUS LEADER'S REMARKS ON THE STATUS OF THE FAMILY/PARENTS AND DISABILITY OF THE STUDENT (if any)				
(i) Certify that the information given above is true				
NameMobile No				
Date/stamp				

Special Schools Bursary Form

(0	d) Gei	neral remarks			
RECO	ММС	ENDATION:			
PAR 1	<u>Г А</u>				
i.		Not Deserving			
ii.		Deserving			
iii		Most deserving and require assistance			
Signe	ed:				
CHA	IRMA	AN:			
Name	e		Signature		. Date
SECF	RETA	RY:			
Name	e	Signa	ature	Date.	
PAR1	Т В: [DECLARATION BY THE SIAYA COUN	NTY EDUCAT	TON BURSARY	COMMITTEE
REMA	ARKS	(IF ANY)			
RECO	<u>MMC</u>	ENDATION			
(I	[)	Not deserving			
(I	I)	Deserving			
(I	III)	Most deserving and requires assistance	ce		
CHA	IRM <i>A</i>	AN:			
Name	e		.Signature		Date
SECF	RETA	RY:			
Name	2		.Signature		Date