

REPUBLIC OF KENYA



COUNTY GOVERNMENT OF SIAYA

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

Email: education@siaya.go.ke

BURSARY APPLICATION FORM- FY 2023/2024

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 to 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 semester's transcript/Report Form (Mandatory).
6. A copy of the National Identity card **MUST** be attached
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 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 **13th November, 2023 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.

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 ☐(v) Sponsor ☐ (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 Deceased ☐(b) One Parent Alive: ☐ Disabled Parent(s) ☐(c) Single parent ☐ (Tick one only)*(Attach a death certificate /burial permit or Letter from Chief or Assistant Chief. For option (e) please attach necessary documents as evidence(s) of Disability)*

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 ☐ NGAFF ☐ CBO ☐ NGO ☐

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

(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/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. (Mandatory)

(c) Total Score as a Percentage

(d) General remarks

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RECOMMENDATION:

i. Not Deserving

ii. Deserving

iii. Most deserving and require assistance

Reason(s).....

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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 ☐

Reason(s).....

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UNIVERSITY BURSARY FORM

CHAIRMAN:

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

SECRETARY:

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