

STANLEY CHEPCHERETICH KINYAPYAP
COUNTY EXECUTIVE SECRETARY
For Education, Vocational, Entrepreneurship and Technology
WEST POKOT COUNTY
P.O. BOX 222-30800, KAPEMBSURIA

Form CU-1

REPUBLIC OF KENYA
COUNTY GOVERNMENT OF WEST POKOT



OFFICE OF THE GOVERNOR

WEST POKOT COUNTY BURSARY, EDUCATION DEVELOPMENT & INFRASTRUCTURE FUND

COLLEGE/UNIVERSITY STUDENT BURSARY EDUCATION APPLICATION FORM – (Form CU-1)

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PART A: PERSONAL DETAILS OF THE STUDENT

- a) Full Names of the student
- b) Sex:** male female..... *(Tick where appropriate)*
- Age**.....
- c) College/University name
- d) Student school registration number/ admission number.....year.....
- (New Students to attach admission letters) KCSE grade.....

PART B: PERSONAL DETAILS OF THE GUARDIAN/ PARENT

- a) Name of the parent/ guardian
- b) Name of the father
- c) Name of the mother
- d) Permanent address
- e) Mobile phone number
- f) Current resident

PART C: PLACE OF BIRTH

- a) Village
- b) Sub- location
- c) Location:
- d) Division
- e) Ward:

PART D: INFORMATION ABOUT YOUR COLLEGE/UNIVERSITY

- a) Name of your College/University
- b) Full address of your College/University
- c) Telephone number of your College/University

d) Current year of study Fees Balance Ksh..... **(Please attach your result slip/report form,).**

e) Have you ever benefited from any bursary/sponsorship award? If **yes** which bursary/sponsorship?

PART E: DECLARATIONS

College/University Principal's name

Contacts

College/University name

College/University address.....

Fees balance for the year kshs.....

I hereby confirm that the above – mentioned student requires bursary support on the basis that:

He/ she is poor and needy :.....(tick where applicable)

He/she is an orphan and needy

Signed & stamped

Date.....

PART F: WARD ADMINISTRATOR/DISTRICT OFFICER

Name of Ward/Division.....

Name of the Ward Administrator/District officer.....

Ward Administrator/District officer contact.....

I hereby confirm that the above – mentioned student requires bursary support on the basis that:

He/ she is poor and needy..... (Tick where applicable)

He/she is an orphan and needy

Signed & stamped.....

Date.....

WARD APPRAISAL COMMITTEE RECOMMENDATION

We hereby confirm that the above – mentioned student requires bursary support on the basis that:

He/ she is poor and needy..... *(Tick where applicable)*

He/she is an orphan and needy

Application approved/declined.....

Amount applied: kshs.....

Amount awarded: Kshs.....

CHAIRPERSON WARD BURSARY COMMITTEE

Signed & stamped..... Date.....

SECRETARY WARD BURSARY COMMITTEE

Signed & stamped.....

Date.....

FOR OFFICIAL USE (COUNTY COMMITTEE ONLY)

Amount applied: kshs.....

Application Approved/Declined..... (Indicate in writing)

Amount granted: Kshs.....

Reason for decline/deviation from Ward committee recommendation/approval.....

Confirmed and approved:

Chief Officer in charge of Education and ICT

Signed & stamped.....

Date.....

CEC member in charge of Education and ICT

Signed & stamped.....

Date.....

Chairperson West Pokot County Education Bursary

Signed & stamped.....

Date.....