

APPROVED
03/04/2014
GLADYS CHEPMWETICH KIYAPYAP
COUNTY EXECUTIVE SECRETARY
for Education, Information, Communication and Technology
WEST POKOT COUNTY
P. O. Box 222-30900, KAPENGURIA

Form S-1

**REPUBLIC OF KENYA
COUNTY GOVERNMENT OF WEST POKOT**



OFFICE OF THE GOVERNOR

WEST POKOT COUNTY BURSARY, EDUCATION DEVELOPMENT & INFRASTRUCTURE FUND

SECONDARY STUDENT EDUCATION BURSARY APPLICATION
FORM – (Form S-1)

.....
PART A: PERSONAL DETAILS OF THE STUDENT

- a) Full Names of the student
- b) Sex: male female..... (*Tick where appropriate*)
Age.....
- c) School's name
- d) Student school registration number/ admission number.....Form.....
(New Students to attach admission letters) KCPE marks.....

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 SCHOOL

- a) Name of your school
- b) Full address of your school
- c) Telephone number of your school

d) Current class / form 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

School /Head teacher/Principal's name

Contacts

School's name

School's address.....

Fees balance for the year.....

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.....

