

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.....**

