



REC No.: .....

COUNTY GOVERNMENT OF NAKURU
DEPARTMENT OF EDUCATION, ICT AND e-GOVERNMENT
DIRECTORATE OF EDUCATION

NAKURU COUNTY BURSARY APPLICATION FORM

SUB COUNTY : ..... WARD : ..... YEAR : 2019/20

NOTE

- 1. Every section of this form MUST be completed for it to be processed.
2. Take CAUTION that giving FALSE information will lead to disqualification.
3. This form must be returned to the WARD OFFICE.
4. Application SHOULD ONLY be done ONCE for every phase. Multiple application will lead to disqualification.

For Universities/Colleges/Secondary/Vocational Institutions/Special Schools.

PART I STUDENTS DETAILS

Surname : ..... Other Names : .....
Admission Number : .....
Cellphone (University/College/Tertiary Students Only) : .....
Name of Institution : .....
Class/Year of Study (e.g. Year One, Form One etc.) : .....
Campus/Branch/Town : ..... Are you a person Living With Disability: YES [ ] NO [ ]
Email Address: .....

Attach the following Documents

- I. Report Form, Transcript or Admission Letter for Colleges and Universities
II. Photocopy of Student I.D for Students in University/College
III. Photocopy of Guardian/Father/Mother or Student's National Identity Card
IV. Fees Structure for Secondary, Special Schools and Vocational students Only
V. Fees Statement for Colleges and University Students Only
VI. Photocopy of Death Certificate (Orphans)
VII. Photocopy of NCPWD Card or Assessment Report from Medical Assessment Board for Persons Living with Disability

Name of Parent/Guardian : .....
Occupation of Parent/Guardian : .....
Name and Address of the Employer : .....
Cellphone of Parent/Guardian : .....

Table with 6 columns: SIBLING'S NAME/GUARDIAN'S CHILDREN, NAME OF INSTITUTION, YEAR OF STUDY, TOTAL FEES, FEES PAID, BALANCE. Includes a GRAND TOTAL row.

I certify that the above information is correct

DATE :

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SIGNATURE PARENT/GUARDIAN

**PART II - HEADTEACHER/PRINCIPALS RECOMMENDATIONS**

The Fee Balance for the Student is Ksh. ....

**Institution Contacts**

Postal Address : ..... Town : .....

Phone Number : .....

Email Address : .....

Locality of the Institute : .....

**Bank Details**

Account Name : .....

Account Number : .....

Bank : .....

Branch : .....

I certify that the above information is correct and I recommend for assistance.

DATE: .....

SIGNATURE PRINCIPAL/HEADTEACHER  
AND OFFICIAL STAMP

**PART III - CHIEF/ASST. CHIEF/RELIGIOUS LEADER'S RECOMMENDATION**

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.....

DATE: .....

SIGNATURE AND STAMP  
CHIEF/ASST.CHIEF/RELIGIOUS LEADER

**FOR OFFICIAL USE ONLY**

**PART IV - RECOMMENDATION FROM THE WARD**

Recommended : Ksh. .... In Words : .....

Comments : .....

Chairperson: ..... Signature: ..... Date: .....

Secretary: ..... Signature: ..... Date: .....

Other Member: ..... Signature: ..... Date: .....

WARD ADMINISTRATOR OFFICIAL STAMP

**PART V - COUNTY BURSARY COMMITTEE APPROVAL/COMMENT**

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Chairperson: ..... Signature: ..... Date: .....

Secretary: ..... Signature: ..... Date: .....