



REC No.:

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

NAKURU COUNTY BURSARY FUND

NAKURU COUNTY BURSARY APPLICATION FORM

Financial Year

SUB COUNTY : **WARD :** **YEAR :** **2020/21**

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: Gender :

Attach the following Documents

- I. Report Form, Transcript or Admission Letter for Secondary, Special Schools, Vocational, 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

DATE :

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SIGNATURE OF APPLICANT

Name of Parent/Guardian :

Occupation of Parent/Guardian :

Name and Address of the Employer :

Cellphone of Parent/Guardian :

SIBLING'S NAME/ GUARDIAN'S CHILDREN	NAME OF INSTITUTION	YEAR OF STUDY	TOTAL FEES	FEES PAID	BALANCE
GRAND TOTAL					

I certify that the above information is correct

DATE :

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SIGNATURE PARENT/GUARDIAN

PART II - REGISTRAR/DEAN/PRINCIPAL/HEADTEACHER 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 REGISTRAR/DEAN/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: