



## BURSARY APPLICATION FORM

### SECTION I: APPLICANT'S PERSONAL DETAILS

FULL NAME \_\_\_\_\_

GENDER \_\_\_\_\_ AGE \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ ID NO. \_\_\_\_\_ (Attach copy of ID)

HOME DISTRICT \_\_\_\_\_ CONSTITUENCY \_\_\_\_\_

LOCATION \_\_\_\_\_ SUB-LOCATION \_\_\_\_\_

WARD/VILLAGE/ESTATE \_\_\_\_\_

EMPLOYMENT DETAILS: \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION/TRAINING \_\_\_\_\_

GRADE OBTAINED \_\_\_\_\_

YEAR COMPLETED \_\_\_\_\_ EXAM INDEX NO: \_\_\_\_\_ (Attach copy of Certificate/result slip)

PREVIOUS INSTITUTION/SCHOOL \_\_\_\_\_

P. O. BOX \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

ANY DISABILITY; (YES/NO) \_\_\_\_\_ IF YES; MILD/SEVERE \_\_\_\_\_  
SPECIFY \_\_\_\_\_

MAILING ADDRESS

P. O. BOX \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

### SECTION II: FAMILY DETAILS

FATHER'S NAME \_\_\_\_\_ ID NO: \_\_\_\_\_

OCCUPATION \_\_\_\_\_ ANNUAL INCOME \_\_\_\_\_

OTHER SOURCES OF INCOME \_\_\_\_\_

IS FATHER ALIVE (YES/NO) \_\_\_\_\_ (if no, attach evidence of death)

MOTHER'S NAME \_\_\_\_\_ ID NO: \_\_\_\_\_

OCCUPATION \_\_\_\_\_ ANNUAL INCOME \_\_\_\_\_

OTHER SOURCES OF INCOME \_\_\_\_\_

IS MOTHER ALIVE (YES/NO) \_\_\_\_\_ (if no, attach evidence of death)

GUARDIAN'S NAME \_\_\_\_\_ ID NO: \_\_\_\_\_

OCCUPATION \_\_\_\_\_ ANNUAL INCOME \_\_\_\_\_

### SECTION III: COURSE DETAILS

COURSE \_\_\_\_\_ DURATION \_\_\_\_\_ LEVEL \_\_\_\_\_

FEES PAYABLE PER YEAR KSH \_\_\_\_\_ (attach evidence)  
 AMOUNT APPLIED FOR IN KSH. \_\_\_\_\_  
 INSTITUTION \_\_\_\_\_  
 DATE OF ADMISSION \_\_\_\_\_ ADM NO. \_\_\_\_\_

**BRIEFLY EXPLAIN WHY YOU THINK YOU DESERVE THIS BURSARY**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION IV: APPLICANT'S DECLARATION**

I confirm that the above information is true to the best of my knowledge and I am aware that giving false information will lead to automatic disqualification.

NAME	SIGNATURE	DATE
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**SECTION : RECOMMENDATIONS**

**(a) Area Chief/Assistant Chief**

I confirm/refute the information given by the applicant and I recommend/do not recommend the applicant for the award of bursary.

NAME	SIGNATURE	DATE & OFFICIAL STAMP
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**(b) Religious Leader (Ordained Pastors, Bishop, Priest, Imam, etc)**

I declare that the above information is true/not true to the best of my knowledge and I am aware that giving false information will lead to automatic disqualification. I recommend/Do not recommend the applicant for bursary.

NAME	SIGNATURE	DATE & OFFICIAL STAMP
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**SECTION VI: INSTITUTIONAL COMMITTEE RECOMMENDATION**

Following the Institutional Bursary Committee meeting held on (date) \_\_\_\_\_, the applicant's request for bursary is hereby recommended/Not recommended as per minute number \_\_\_\_\_  
 Bursary awarded Kshs \_\_\_\_\_  
 If not recommended give reasons \_\_\_\_\_

Chairman _____ Signature	Secretary _____ Signature
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\_\_\_\_\_  
**DATE AND OFFICIAL STAMP**