

WILDLIFE WORKS BURSARY PROGRAM.



BURSARY APPLICATION FORM.

Date _____ FY _____

NOTICE: -

This Fund is derived from the conservation of forests in our Kasigau Corridor REDD+ project. It is with this that the community through different local committees have committed themselves to support education in our area by making sure that we offer bursaries to our students within the project area.

- a) PLEASE READ THIS FORM CAREFULLY AND DULY FILL IN ALL SECTIONS. FORMS WITH MISSING INFORMATION WILL BE DISQUALIFIED.
- b) ATTACH ALL RELEVANT DOCUMENTS; COPY OF STAMPED SCHOOL LEAVING CERTIFICATE FOR EITHER PRIMARY OR SECONDARY SCHOOL, CURRENT FEES STRUCTURE, CURRENT RESULTS SLIP/TRANSCRIPT, COPIES OF PARENT IDS, COPY OF DEATH CERTIFICATE/BURIAL PERMIT IF PARENTS ARE DECEASED.
- c) FOR THOSE JOINING NEW INSTITUTIONS EITHER SECONDARY, COLLEGE, VTCs AND UNIVERSITY PLEASE PROVIDE A JOINING LETTER THAT HAS AN ADMISSION NUMBER THAT HAS BEEN VERIFIED BY THE INSTITUTION YOU HAVE JOINED.
- d) KINDLY NOTE THAT PART B SHOULD BE FILLED IN BY THE SCHOOL ACCOUNT CLERK/BURSAR. MAKE SURE THAT THE SCHOOL BURSAR VERIFIES THE CURRENT SCHOOL FEES BALANCE. A STUDENT CAN ALSO PROVIDE AN OFFICIAL FEES STATEMENT FROM THEIR INSTITUTION.
- e) THOSE WHO PROVIDE FALSE INFORMATION WILL BE DISQUALIFIED. SUCH DISQUALIFICATIONS SHALL BE COMMUNICATED TO THEIR INSTITUTIONS FOR APPROPRIATE DISCIPLINARY ACTION IN ADDITION TO BEING BLACK LISTED FOR BURSARY CONSIDERATION.
- f) NO GUARANTEE OF 100% BURSARY FEES.
- g) ALL FORMS SHOULD BE RETURNED TO THE RESPECTIVE BURSARY COMMITTEE MEMBER.

PART A: -

STUDENT PERSONAL DETAILS: -

1. Full names: _____
First Middle Surname
2. Gender: - Male () Female () Age _____
3. Home Address: _____
- a) Division: _____ c) Location: _____
- b) Sub-Location: _____ d) Village: _____
4. Special needs (e.g. handicapped, blind, deaf.) Yes () No ()
5. If 4 is Yes please specify _____

PART B: - SCHOOL AND ACCOUNTS DETAILS

Please note that this section MUST be filled in and stamped by the school accounts clerk/bursar. For university and college students please attach an official fees statement.

1. Institution: _____ Admission No _____
Address: _____ Telephone No: _____
- a) Day Scholar: _____ Boarder: _____
- b) Public: _____ Private _____
- c) Year of study / Form: _____
- d) Year of admission: _____ Year of completion: _____
- e) Total fees per year Kshs. _____
 - i. Amount paid KShs. _____
 - ii. Fee balance Kshs. _____
 - iii. Bank Account Name _____

Name of clerk/Bursar _____ Tel No _____ Sign and stamp _____

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2. Have you benefited from any bursary kitty in the year 2020/2021 YES () NO ()

If yes, which bursary kitty? _____

Indicate amount (Kshs.): _____

PART C: - Attach parents ID copies and copy of burial permit/death certificate for deceased parents. If the burial permit/death certificate are not there please get a confirmation letter from the area Chief/Ass. Chief.

FAMILY INFORMATION:-

Is Father Alive? YES () NO ()

a) Father's Name _____ ID No: _____

Tel: _____

Occupation: _____ Annual Net Income: _____

Other Sources of Income: _____

Current Phone number: _____ P.O BOX: _____

Is Mother Alive? YES () NO ()

b) Mother's Name _____ ID No: _____ Tel: _____

Occupation: _____ Annual Net Income: _____

Other Sources of Income: _____

Current Phone Number: _____ P.O. BOX: _____

c) Guardian's Name _____ ID No: _____ Tel: _____

Occupation: _____ Annual Net Income: _____

Other Sources of Income: _____

Current Phone Number: _____ P.O. BOX: _____

CONFIRMATION/VERIFICATION.

a) **VERIFICATION FROM THE INSTITUTION.**

I declare that the above named is a student in this institution.

Name of official Title Date & Official stamp

b) **CONFIRMATION BY RELIGIOUS LEADER**

Name Signature Title Date & Official stamp

c) **CONFIRMATION BY AREA CHIEF/ ASS. CHIEF**

Name Signature Location Date & Official stamp

d) **CONFIRMATION BY BURSARY COMMITTEE MEMBER**

Name Signature Village Date

PART E: -

1. FOR OFFICIAL USE ONLY: -

Approved / Not Approved

Comments: