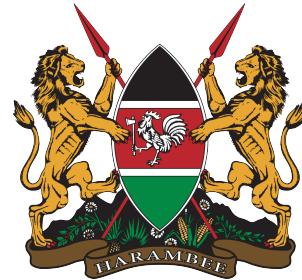




GARISSA COUNTY



BURSARY APPLICATION FORM

INSTRUCTIONS

Applicant:

1. Must be Kenyan and a bona fide resident of Garissa County.(attach your national ID).
2. Must make application at one ward only in the county.
3. Must submit accurately filled application form to the ward administrator.
4. Must attach a letter from the institution/admission form and fees structure.

YEAR_____

SUBCOUNTY_____

WARD_____

VILLAGE/BULLA/ESTATE_____

PART A: STUDENT PERSONAL DETAILS

1. First Names.....Middle NameLast Name
2. SEX/GENDER.....
3. Student Phone Number/Parent/Guardian Phone No:
4. Name of Institution /University

5. Student Registration Number..... Year.....

6. Nature of Course..... Duration.....

PART B: FAMILY INFORMATION

(1) Tick appropriately

Both parents dead

Both parents alive

One parent dead

NB: Attach death certificate if parent is dead

(2) Do you have any disability/handicap?..... if YES, describe nature of disability

.....
.....
.....

(3) Fill where applicable

Full name of father..... occupation.....

Full name of mother..... occupation.....

Full name of guardian..... occupation.....

(4) How many brothers and sisters do you have?

(5) How many children does your guardian have?

(6) How many are working/ in business?

(7) How many are in secondary schools?

(8) How many are in post secondary institution

(9) If both parents are not alive, who has been paying for your education? (Tick)

Guardian

sponsor/ well wishers

any other (specify)

(10) Have you ever benefitted from the constituency Bursary Fund?

Yes

No

(11) If yes, state the amount and year. Ksh

Year

PART C: COLLEGE/UNIVERSITY

NAME OF PRINCIPAL..... Tel No.....

Principal's brief comments on the student's level of need and academic performance

Students Discipline (Tick one option only)

Excellent V. Good Good fair poor

Outstanding fees amount (ksh

Signature Date and Stamp

PART D: Ward Office Manager

Name Tel No.....

Ward Signature Date and stamp

PART E: Ward Administrator

Name.....Tel No.....

Ward.....SignatureDate and Stamp.....

OFFICIAL USE ONLY.

Recommended

Not Recommended:.....

Sub-County Administrator

Sign.....