#### REPUBLIC OF KENYA



### **COUNTY GOVERNMENT OF SIAYA**

# DEPARTMENT OF EDUCATION, YOUTH AFFAIRS, GENDER AND SOCIAL SERVICES SIAYA COUNTY EDUCATION BURSARY FUND (SCEBF)

Email: siaya.eyaqs@gmail.com

## **BURSARY APPLICATION FORM-2022/2023**

# **INSTRUCTIONS**

- 1. Incomplete SCEBF Bursary Application form will not be processed
- This form must be filled in BLOCK LETTERS.
- 3. Each Applicant **MUST** attach a certified copy of his/her institution's fees statement. Newly admitted students should include a copy of the Admission letter.
- 4. Each Applicant MUST ensure to fill in correct **Email Addresses**, **Bank Details** and **Contacts** for his/her institution.
- 5. For new students, ensure you attach a copy of your Primary/Secondary school leaving certificate and result slip.
- 6. For Total and Partial Orphans, ensure that you attach copies of Death Certificates, Burial Permit or a letter from your area Chief.
- 7. For students with Disability, a letter explaining the nature of disability from a Chief, Assistant Chief, Head teacher, Government medical Officer or Religious leader.
- 8. It is important that the SCEBF Applicant declares other bursary Fund Support he/she is currently receiving.
- 9. The Applicant **must** only apply in his/her Ward.
- 10. The filled form should be returned to the **Ward Administrator's** office latest by **9TH December, 2022 at 4.00 pm** and should be acknowledged by the ward office.

NB: Forgery and making of illegal rubberstamps are criminal offences and any applicant who commits such offences shall be charged in a court of law.

: Applicants with multiple applications will not benefit

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PART 1: GENERAL INFOR	•	•	h Carrat
Year of Application	County	Sul	b-County
Ward	Sub-Location		Village
PART 2: STUDENT PERS	ONAL DATA:		
(a) Student's Name			
Surr	ame	First	Middle
(b) Sex: Male Fe	male	(Tick one only)	
(c) Year of Birth	Month	Day	
(d) Disability (if any): Sta	te Type		
(e) Father's name		ID No	Mobile No
(f) Mother's name		ID No	Mobile No
		OR	
(g) Guardian's name		ID No	Mobile No
(h) Relationship to the Gu	ıardian		
(i) Who pays for your fee	es: Father (ii)	Mother [ (iii) Guar	dian
(iv) A well-wisher	sponsor (	(Tick one only)	
PART 3: EDUCATION DA	ATA/INSTITUTIO	ON DETAILS	
(a) Name of Vocational T			
	Tel/Mo		Email Address:
. ,	-		Level/year
(Attach Evidence i.e. e	ither admission le	tter or report form)	
PART 4: FEES PAYABLE	FOR THE YEAR		
(a) Total Fees Payable		Balance	
(b) Total Fees Paid		Balance	
(c) Amount applied for			
(Attach certified copy of cur	rent fee structure)	or fees balance statem	ent duly certified by the
Principal/Manager)			
PART 5: FAMILY STATU	S INFORMATIO	N	
(a) Both Parents alive:	Both Parent	s Alive	

(b) One Parent Alive One Parent

(Tick one only) (c) Single Parent Alive Single Parent Dead

(Attach a death certificate /burial permit or Letter from Chief or Assistant Chief)

### TERTIARY INSTITUTIONS BURSARY FORM

(g)OTHER SIBLINGS	S IN SCHOOL/C	OLLEGES/U	NIVERSITY		
Name of student	Institution	Form/Year	Total/Fee(Ksh)	Paid (Ksh)	Balance(Ksh
Total Fee Burden Pe	er vear				
	_	ECETVED (T	f amus)		
PART 6: STATUS O	F BUKSAKT K	ECEIAED (I	rany)		
(a) How much SCEBF	•				
(b) Are you a beneficia	ary of any other B	ursary Schem	e? (i) Yes	(ii) No	(tick one only)
(c) If yes, specify (i)		(ii)			
(d) How much did you	receive from (c)	above, last fir	nancial year? Ksh		
PART 7: VERIFICAT	TION, DECLARA	TION AND R	ECOMMENDATION	ON	
(A)STUDENT'S DECI	•				
I declare that the info	rmation given ab	ove is true:			
I declare that the info	_		·eDa	reMo	bile No
Name		Signatur	reDat	reMo	bile No
Name(B)PARENT'S/GUAR	RDIAN'S DECLA	Signatur			
Name(B)PARENT'S/GUAR I declare that I have re	RDIAN'S DECLA ead this form or t	Signatur			
Name  (B)PARENT'S/GUAR  I declare that I have reinformation given is true	RDIAN'S DECLA ead this form or t ue.	Signatur <b>RATION</b> his form has b	een read to me ar	nd hereby con	firm that
Name  (B)PARENT'S/GUAR  I declare that I have reinformation given is tru  Name	RDIAN'S DECLAI ead this form or t ue. Signat	Signatur RATION his form has b :ure/thumbprir	peen read to me ar	nd hereby con	firm that Mobile No
Name  (B)PARENT'S/GUAR I declare that I have reinformation given is true Name  (C) IMMEDIATE PR	RDIAN'S DECLAI ead this form or t ue. Signat	Signatur RATION his form has b :ure/thumbprir	peen read to me ar	nd hereby con	firm that Mobile No
Name  (B)PARENT'S/GUAR  I declare that I have reinformation given is true  Name  (C) IMMEDIATE PR  JOINING FORM ONE	RDIAN'S DECLAI ead this form or t ueSignat IMARY /SECON	RATION his form has because the state of the	oeen read to me ar	nd hereby con ate:	firm that  Mobile No  ARATION (TH
Name  (B)PARENT'S/GUAR I declare that I have reinformation given is true Name  (C) IMMEDIATE PR JOINING FORM ONE (I)Year of Admission	ead this form or tue.  Signat  IMARY /SECON  E)  KCPE R	RATION his form has because the state of the	oeen read to me ar	ate:	firm that  Mobile No  ARATION (TH
Name	RDIAN'S DECLAI ead this form or to ueSignat IMARY /SECON E)KCPE R outVery Go	RATION his form has because the state of the	oeen read to me arentDe  OL HEAD TEACH  Grade  od Fair	ete:	firm that  Mobile No  ARATION (TH

# D) PRINCIPAL'S/Manager's DECLARATION

(I) Year of Admission
(II) Position in class: Term I
Excellent: Very Good Average Below Average
(iii)Total Fees Outstanding Ksh
(iv) Student's Discipline:
Excellent: Very Good Good Fair poor (Tick one option only)
v) Principal's/Manager's comments on the level of need, Discipline and academic Performance.
EVEL OF NEED:
DISCIPLINE:
ACADEMIC PERFORMANCE
Account particulars:
Name of bank: KENYA COMMERCIAL BANK, Branch: SIAYA .Account number: 1106857135
Bank code: 01121
NB: PLEASE NOTE THAT THIS IS VERY IMPORTANT FOR WIRING FUNDS FOR SUCCESSFUL APPLICANTS. NO CHEQUES WILL BE ISSUED.
confirm that the School/institutions is registered by the Ministry of Education
Reg. No MRTTT/PC/220/98 and that the above named is a student in this school and that the information given above is true.
NameDateMobile No. 070356452
Schools' Email Address: info@siayainstitute.ac.ke Rubber stamp
E) CHIEF/ ASSISTANT CHIEF'S OR RELIGIOUS LEADER'S REMARKS ON THE STATUS OF THE FAMILY/PARENTS AND DISABILITY OF THE STUDENT (if any)
i) Certify that the information given above is true
NameMobile No
Date/stamp

(c) Total Score		
(d) General remarks		
RECOMMENDATION:		
PART A		
i. Not Deserving		
ii. Deserving		
iii. Most deserving and require assistance		
Signed:		
CHAIRMAN:		
NameSignature	Date	
SECRETARY:		
NameSignature.	Date	
PART B: DECLARATION BY THE SIAYA COU	NTY EDUCATION BURSARY C	OMMITTEE
REMARKS (IF ANY)		
RECOMMENDATION		
(I) Not deserving		
(II) Deserving		
(111) Most deserving and requires assistance		
CHAIRMAN:		
Name	Signature	Date
SECRETARY:		
	Signature	Date
Name	yı ıatul =	Date

PART F: DECLARATION BY THE WARD EDUCATION BURSARY FUND.