

REPUBLIC OF KENYA



COUNTY GOVERNMENT OF SIAYA

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

Email: siaya.evags@gmail.com

BURSARY APPLICATION FORM-2022/2023

INSTRUCTIONS

- 1. Incomplete SCEBF Bursary Application form will not be processed**
2. 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

Family's main source of income :.....Total income per Year Ksh.....

State why you are not able to pay your child's school fees

.....

(g) OTHER SIBLINGS IN SCHOOL/ COLLEGES/ UNIVERSITY

| Name of student | Institution | Form/Year | Total/Fee(Ksh) | Paid (Ksh) | Balance(Ksh) |
|----------------------------------|-------------|-----------|----------------|------------|--------------|
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| | | | | | |
| | | | | | |
| | | | | | |
| Total Fee Burden Per year | | | | | |

PART 6: STATUS OF BURSARY RECEIVED (If any)

- (a) How much SCEBF Bursary did you receive in the last financial year? Ksh.....
- (b) Are you a beneficiary of any other Bursary Scheme? (i) Yes (ii) No (tick one only)
- (c) If yes, specify (i)..... (ii).....
- (d) How much did you receive from (c) above, last financial year? Ksh.....

PART 7: VERIFICATION, DECLARATION AND RECOMMENDATION

(A) STUDENT'S DECLARATION:

I declare that the information given above is true:

Name.....Signature.....Date.....Mobile No.....

(B) PARENT'S/GUARDIAN'S DECLARATION

I declare that I have read this form or this form has been read to me and hereby confirm that information given is true.

Name.....Signature/thumbprint.....Date:.....Mobile No.....

(C) IMMEDIATE PRIMARY /SECONDARY SCHOOL HEAD TEACHERS'S DECLARATION (THOSE JOINING FORM ONE)

(I) Year of Admission..... KCPE Result: Marks.....Grade.....

(ii) Discipline: Excellent Very Good Good Fair Poor

(iii) Recommendation on level of need, Discipline and Academic performance:

.....

I declare that the above named was a pupil in this school and the information given is true

Name SignatureDate.....Mobile No.....

D) PRINCIPAL’S/Manager’s DECLARATION

(I) Year of Admission.....

(II) Position in class: Term I Term II Term III..... (Certify the attached copy of the report form)

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.

LEVEL 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.

I 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.

Name.....Signature.....Date.....Mobile No. 0703564522

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)

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.....

(i) Certify that the information given above is true

Name.....Signature.....Mobile No.....

Date/stamp.....

PART F: DECLARATION BY THE WARD EDUCATION BURSARY FUND.

(c) Total Score

(d) General remarks

RECOMMENDATION:

PART A

i. Not Deserving

ii. Deserving

iii. Most deserving and require assistance

Signed:

CHAIRMAN:

Name.....Signature..... Date.....

SECRETARY:

Name.....Signature..... Date.....

PART B: DECLARATION BY THE SIAYA COUNTY EDUCATION BURSARY COMMITTEE

REMARKS (IF ANY)

RECOMMENDATION

(I) Not deserving

(II) Deserving

(111) Most deserving and requires assistance

CHAIRMAN:

Name.....Signature.....Date.....

SECRETARY:

Name.....Signature.....Date.....