

## APPENDIX C

### TAITA TAVETA COUNTY GOVERNMENT

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P.O. Box 1066-80304  
WUNDANYI

**CODE NO:**

## **APPLICATION FOR BURSARY FOR SECONDARY, YOUTH POLYTECHNIC & SPECIAL NEEDS SCHOOLS**

### **INSTRUCTIONS**

Attach the following documents:

1. Copy of the result slip/Report form of previous term.
2. Copy of leaving Certificate
3. Copy of Death Certificate (s) where applicable.
4. Official Fee structure duly signed and rubber stamped by the Principal of the school.
5. Copy of Identification Card (s) of Parent's/Guardian.

### **PART A: STUDENT'S PERSONAL INFORMATION**

1. Full Name:

.....  
(Surname) (First) (Middle)

2. Student's Admission Number.....

3. Gender: Male  Female

4. Date & Year of Birth:.....

5. Disclose any disability:.....

6. Last Primary School attended:.....

7. Sub County.....

8. Ward.....

9. Village.....

## PART B: SCHOOL INFORMATION

Name of the School &

Address.....

.....Tel.....E-mail.....

Year of joining the School.....Joined in form.....Currently in form.....

Day Scholar: Yes

No

Boarder: Yes

No

## PART C: (To be filled and confirmed by the Principal)

1. Current year outstanding fees (Total).....

2. Outstanding balance at the time of applying.....

3. Has the student received assistance before?.....

4. If yes from where and how much?.....

5. Bank account Name and A/C No of the school.....

6. Tel No of the School.....E-mail.....

7. Principal's Comments on:

	Excellent	Good	Fair	Poor
(a) Academic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(b) Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Co-curricular Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

.....  
(Principal's Name)

.....  
(Mobile No. & Sign) (R/Stamp & Date)

**PART D: FAMILY INFORMATION** *(Please note that false information will lead to automatic disqualification)*

1. Tick appropriately:

a). Both parents alive	b). Single parent	c) Partial Orphan	d) Total Orphan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Father's Name.....  
 Occupation.....  
 Name of Employer.....  
 Postal Address.....  
 Physical Address.....  
 Mobile No.....E-mail.....

3. Mother's Name.....  
 Occupation.....  
 Name of Employer.....  
 Postal Address.....  
 Physical Address.....  
 Mobile No.....E-mail.....

4. Guardian's Name.....  
 Occupation.....  
 Name of Employer.....  
 Postal Address.....

Physical Address.....

Mobile No.....E-mail.....

Applicant's siblings in Secondary Schools, Colleges and Universities

Sibling's name	Institution	Form/year	Fees Per Year

.....

Applicant's Name

.....

Sign & Date

.....

Cell No.

### PART E: FAMILY INCOME STATUS (Please give correct information)

I. Monthly Gross Income in: Ksh.....

Father: Kshs.....

Mother: Kshs.....

Guardian: Kshs.....

.....

(Name, Sign & Date)

.....

(Name Sign & Date)

.....

(Name Sign & Date)

**(Income includes Salaries, Business, Farming and any form of income)**

### I. APPLICANT'S STATEMENT

(Indicate any previous bursary that you have been awarded)

Amount

Source

Year

Briefly explain why you should be considered for a bursary:.....  
 .....  
 .....  
 .....  
 .....

**2. PARENT/GUARDIAN DECLARATION**

I declare that I have read this Form and I confirm that the information given herein is true to the best of my knowledge, belief and information.

.....  
 Name Signature & Date Cell No

**PART F: (TO BE FILLED BY THE FOLLOWING PERSONS)**

1. **RELIGIOUS LEADER** Not Needed Needy Very Needy  
 (Tick)

Comment.....  
 .....

.....  
 Name Mobile No & Sign R/Stamp & Date

2. **VILLAGE ADMINISTRATOR** Not Needed Needy  
 Very Needy  
 (Tick)

Comment.....  
 .....

.....  
 Name Mobile No.& Sign R/Stamp & Date

**3. CHAIRPERSON TO WARD BURSARY FUND COMMITTEE**

(Tick)                      Not Needy                      Needy                      Very Needy  
                                           

Comment.....  
.....

.....  
Name                      Mobile No. & Sign                      R/Stamp & Date

**PART G: FOR OFFICIAL USE ONLY**

Recommended                       Not Recommended

Reasons for  
Disqualification.....  
.....  
.....

**BURSARY AWARDED**

Kshs..... Date.....

**SIGNED/CHECKED BY:**

**WARD BURSARY FUND COMMITTEE CHAIRPERSON**

.....  
Signature                      Rubber Stamp & Date

**WARD BURSARY FUND COMMITTEE SECRETARY**

.....  
Signature                      Rubber Stamp & Date