

MURANG'A COUNTY GOVERNMENT

ALL CORRESPONDENCE TO BE ADDRESSED:
THE COUNTY SECRETARY



County Hall,
P.O Box 52—10200,
Murang'a,
Kenya
Telephone 060-2030271

E-mail: info@muranga.go.ke
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Growing together

SCHOOL BURSARY APPLICATION FORM.

FORM NO: -.....

Year : District :
Division : Location :
Sub-Location : Village :
Ward : Constituency :

PART A: STUDENT'S PERSONAL DETAILS:-

Full Name: -

(Last)

(First)

(Middle)

Date of Birth Admin No. :.....

Name of School Year

Sex Male..... Female

Name of the school..... Year.....

For those students joining Form I: (please attach instructions)

School admitted: National Provincial District

Former primary school head teacher

Student/pupil conduct: Excellent V. Good Fair Poor

I declare that to the best of my knowledge the above information is true/or the applicant to attach a copy of certified school leaving certificate.

Name

Signature

Date & School

Stamp

For students either joining Form I or continuing in Form 2, 3 or 4

Total fees (Kshs.) Paid/able to raise (Kshs) Outstanding balance (Kshs)

For other learning institutions:

University/college Special school

Name of the institution: -----

Total fees (Kshs.) Paid/able to raise (Kshs) Outstanding balance (Kshs)

(NB: - Please complete the attached Bank Details Form)

PART B: FAMILY INFORMATION (Please Tick Appropriately)

Both parents dead One parent dead Both parents alive
Single parent Any disability

(Attach support documents: e.g. death certificate, letter explaining disability or other disadvantage/circumstance from chief, religious leader, prominent reference).

Father's/Guardian's Name

Phone number: -..... Email Address: -.....

Occupation/Profession

Mother's/Guardian's Name

Occupation/Profession

- (1) How many brothers and sisters do you have?
- (2) How many children does the guardian have?
- (3) How many are working/in business/farming?
- (4) How many are in secondary school?
- (5) How many are in post-secondary Institutions?
- (6) If both parents are alive, who has been paying for your education?

(Tick)

(for continuing students)

Guardian Sponsor/well-wishers Any other (specify).....

(7) Have you ever benefited from the Constituency Bursary Fund?

Yes No

(8) If yes, state the Amount

Kshs.

EITHER: CHIEF/ASSISTANT CHIEF

Comment on the status of the family/parent -----

I certify that the information given above is correct

Name: ----- Signature: ----- Date: -----

(Official stamp)

Position/Designation-----

OR: WARD ADMINISTRATOR

Comment on the family/parents status:-

I certify that the information given above is correct

Name: ----- Signature----- Date: -----

(Official stamp)

Position: -----

PART C: INFORMATION ABOUT FAMILY FINANCIAL STATUS

1. Gross income in the last 12 months – (Kshs)

Father:-..... Mother:-..... Guardian/Sponsor:-.....

**Gross Income: (This means income from salary, business and farming)*

2. Applicant’s siblings in educational institutions

Sibling’s Name/Guardian’s Children	Name of the Institution	Year of Study/Classes	Total Fees	Fees Paid	Outstanding Balance
Grand Total					

PART D: DECLARATION

1. STUDENT'S DECLARATION

I declare that to the best of my knowledge the information given herein is true.

Student's Signature ----- Date: -----

2. PARENT'S/GUARDIAN'S DECLARATION

I declare that I have read this form/this form has been read to me and I hereby confirm that the information given herein is true to the best of my knowledge.

Parent's/Guardian's Name.....

Parent's/Guardian's Signature ----- Date-----

3. SCHOOL VERIFICATION

(a) For continuing students

Year: -.....

Position in class/form Term 1:- Kshs.....Term II: - Kshs.....Term III: - Kshs.....

(Attach a report form)

Student discipline (tick one option only)

Excellent V. Good Good Fair Poor

Head teacher/head of departments from higher learning institutions to give brief comments on the student's level of need, discipline and academic Performance:-

.....

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

Head teachers: - Name ----- signature: -----

Date and school stamp -----

PART E: FOR OFFICIAL USE ONLY BY THE WARD BURSARY COMMITTEE

SCORE:

Approved for bursary Not Approved for Bursary Reasons:

Reason:-.....

Bursary awarded Kshs

Chairman's Name ----- Signature----- Date-----

Secretary's Name ----- Signature----- Date -----

Official stamp -----

BANK ACCOUNT DETAILS

FULL NAME OF THE INSTITUTION:

BANK ACCOUNT NAME:

BANK NAME:

ACCOUNT NUMBER:

BRANCH CODE:

BANK CODES:

SWIFT CODE: