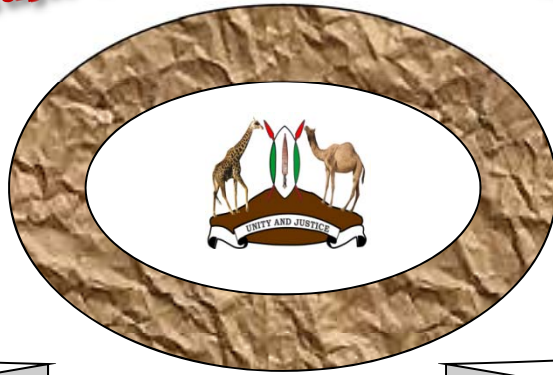


# Wajir County Education Bursary



Investing in the future  
through Education.

**Department of Education, Youth, Gender and Social Service  
P.O Box 9 – 70200, Wajir County**

Please read the application form and the terms and conditions very carefully before completing it. Kindly complete the form using **BLACK** or **BLUE** ink **BLOCK CAPITAL** and **TICK** where appropriate.

The following documents **must be** attached to the form before handing in to this office.

- Fill in the form with the required information.
- A copy of National Identity card/ passport or birth certificate.
- Letter of admission for new enrolling student or student card.
- A copy of fees structure from the institution.
- A letter from the institution if special case
- Report form for secondary students

## **PERSONAL DETAILS**

Full name.....

Date of birth.....Place of birth.....

Citizenship.....Identity Number.....

Sex .....Marital status.....

Constituency .....Ward.....

Home address.....Code.....

Tel. No.....E-Mail.....

Next of kin/Guardian\_\_\_\_\_

Contact\_\_\_\_\_Relation\_\_\_\_\_Sign\_\_\_\_\_

Do you have any disability? Yes or No. If yes please specify

.....  
.....

Area you receiving or have you received another bursary/student loan?If yes, state name of the institution that granted the bursary/student loan.

.....

**SIBLING INFORMATION**

No.	Siblings Name	Sex	Age	School
1.				
2.				
3.				
4.				

**PARENT/GUARDIAN**

Parent/Guardian full names.....

Tel. No.....E-Mail.....

Occupation.....Relationship.....

Date..... Parent/Guardian signature.....

**INSTITUTIONAL BACKGROUND**

*(This section should be strictly filled by the institution)*

Name of the student.....

Name of School/College/University.....

Admission /Reg. No.....

Current Class/ Course of study.....

Institution Address.....Code.....

Tel. No. .... E-Mail.....

Fees Balance.....Official stamp .....

Date.....signature.....

**PERSONAL DECLARATION**

I hereby acknowledge that I .....read and understood the terms and conditions of this form.I confirm that all the information I have provided are correct to the best of my knowledge. Date.....

Signature.....

**NB. Some beneficiaries will be required to sign a bonding form before bursary or scholarship is awarded.**

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**OFFICIAL USE**

Ward Administrator's full name.....

Constituency.....Ward .....

Address.....Code.....

Remarks.....

Date.....Signature/stamp.....