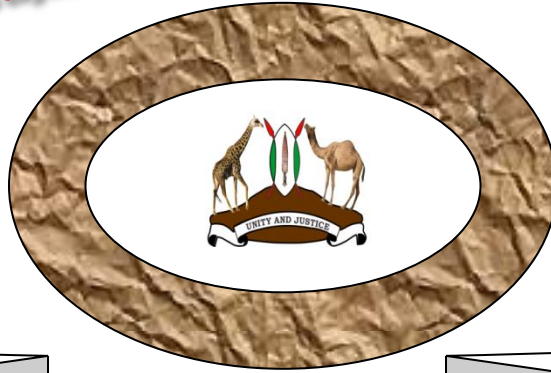


Wajir County Education Bursary



Investing in the future
through Education.

REVISED VERSION 2018/2019

**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.....Birth Certificate Entry Number for
Secondary Students /ID No for Post-Secondary (Attach a copy).....

SexMarital status.....

Constituency/Sub-County Ward.....

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

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

Next of kin/Guardian_____

Contact_____ Relation_____ Sign_____

Do you or your Parent/Guardian have any disability? Yes or No. If yes please specify disability type.....

Are 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.				
5.				
6.				

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.....Form/Year.....
Institution Address.....Code

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

Fees Balance..... Bank Name.....

Bank Branch.....Account No.....

Date.....Institution Official Signature.....

Institution Official stamp.....

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.*
 - ❖ *Dully filled form should be submitted to the office of the respective Ward Administrator on or before 3rd June, 2019.*
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OFFICIAL USE

Ward Administrator's full name.....

Constituency.....Ward

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

Remarks.....

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