



COUNTY GOVERNMENT OF LAMU
Department of Education and Vocational Training

COUNTY BURSARIES AND SCHOLARSHIP MANAGEMENT BOARD

E-mail: info@lamu.go.ke

LAMU COUNTY
P.O. Box 74-80500
LAMU

Form No:

COUNTY ASSEMBLY WARD -----
FINANCIAL YEAR : 2019/2020

COLLEGES/UNIVERSITIES AND POLYTECHNICS BURSARY APPLICATION FORM

CAUTION

Any applicant filling a scholarship application form, and intentionally makes a false statement whether orally or in writing relating to any matter affecting the application shall be disqualified.

INSTRUCTIONS

This application should be accompanied with copies of :-

- I. Applicant identification card
- II. Admission letter
- III. Fee structure
- IV. Applicants school identity card

PART A: GENERAL INFORMATION OF THE APPLICANT

Tick one option amongst the three that fits your description.

- A. I am currently an ongoing student in school.
- B. I dropped out of school and I would want to resume studies.
- C. I would want to join or enroll into a school/learning institution as a new student.

- 1. Official Name of the Applicant: _____
- 2. Gender: _____
- 3. a. Date of Birth: _____ b. Phone Number: _____
- 4. Current Residence: a. Sub County: _____ b. Ward: _____
- 5. Any special need? No Yes If yes, state need: _____

PART B: ACADEMIC INSTITUTION INFORMATION

1. Academic Institution currently attending: _____
2. Location/Campus: _____ County: _____
3. Admission No: _____
4. P.O BOX : _____ City: _____
5. Email Address: _____ Phone Number: _____
6. Bank: _____ Branch _____
7. Account Number: _____
8. a. Duration of Study: _____ b. Current Year _____

PART D: FAMILY INFORMATION

- i). Parent's/Guardians Name: _____
- ii). Mobile Phone No: _____
- iii). Residence: County _____ Sub County: _____ Ward: _____
- vi). How many siblings do you have? _____
- v). How many children does the guardian have? _____
- vi). How many of your siblings are:
 - a). In Secondary School: _____
 - b). In Post-Secondary School: _____

Which school/institution are they currently attending?

1. Name: _____ School: _____
2. Name: _____ School: _____
3. Name: _____ School: _____
4. Name: _____ School: _____
5. Name: _____ School: _____
6. Name: _____ School: _____

Viii). Have you ever benefitted from any other Scholarship Fund? Yes: No:

If yes, state the amount: _____ Year: _____ Organization: _____

PART E: DECLARATION

1. Applicant's Declaration

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

Applicants Name: _____

Signature: _____ Date: _____

2. Parent/Guardian Declaration

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

Parents/Guardian Name: _____ Signature: _____

3. Ward administrator's Declaration

Based on my Knowledge of the family/ or inquiries I have made, I declare that the information given is true.

Name: _____ Signature: _____

Date: _____ Stamp: _____

Ward Bursary Committee Recommendation and Approval

Approved/Not Approved: _____

Amount: _____ Institution: _____

Account Name: _____ Bank: _____

Account No: _____ Branch: _____

Confirmed by:

1. Secretary's Signature: _____ Date: _____

2. Chairman's Signature: _____ Date: _____

Official Stamp:

EDUCATION IS POWER