



COUNTY GOVERNMENT OF LAMU
LAMU COUNTY BURSARIES AND SCHOLARSHIPS BOARD
COUNTY GOVERNMENT OF LAMU



E-mail: info@lamu.go.ke

P.O. Box 74-80500, LAMU

FINACIAL YEAR **2020/2021**

SECONDARY SCHOOL BURSARY/SCHOLARSHIP APPLICATION FORM

FORM NO:.....

WARD:.....

INSTRUCTIONS

1. Fill this form with correct information as false information may lead to disqualification
2. This application should be accompanied with copies of: -
 - i) Birth Certificate
 - ii) Parent/guardian Identification Card
 - iii) Fees structure
 - iv) Admission letter/report form (**MUST be attached**)
 - (v) **fees receipt** (for continuing students) **must be attached.**
2. Send the filled form to your respective ward administrator's office

Submit dully filled form to your respective ward administrator's office latest by **30th October, 2020.**

NB: Application in more than one (1) County Assembly Ward will lead to disqualification.

PART A: STUDENT'S DETAILS

1. Full Names.....Sex male () female ()
2. Date of birth..... Place of birth:
3. Constituency..... County Assembly ward.....
4. Name of schoolAdmission. -----FORM-----
5. Account name:.....Bank.....
 Account number:.....branch.....
6. Category of School: National () Day () Boarding ()

PART B: FAMILY BACKGROUND

1. Who is responsible for your education?

2. Father/guardian's Name.....

Phone Contacts.....

3. Are there other children /siblings in school?

S/N	NAME	INSTITUTION	CLASS /FORM

4. Have you benefited from other funds such as CDF, CBF, NGAAF, other donors) this year? YES () NO()

If yes specify how much did you receive? K.shs.....

5. What balance do you have? K.shs.....

PART C: DECLARATION

1. I declare to the best of my knowledge that the information given is true and accurate

Parent's/guardian's Name

Parent's/guardian Signature.....Date.....

PART E: WARD BURSARY COMMITTEE'S RECOMMENDATIONS

1. Bursary approved () Not approve ()

Chairman's Name

Signature.....Date.....

Secretary's Name

Signature.....Date.....

Official stamp.....