



# COUNTY GOVERNMENT OF LAMU

## OFFICE OF THE GOVERNOR

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P.O. Box 74-80500, LAMU

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lamucountybursary@lamu.go.ke

### FINACIAL YEAR 2021/2022

### SECONDARY SCHOOL SCHOLARSHIP APPLICATION FORM

FORM NO:.....

WARD:.....

#### INSTRUCTIONS

1. Fill this form with correct information. False information will lead to automatic disqualification

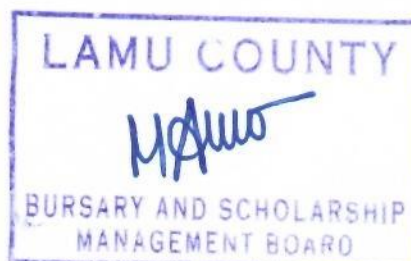
2. This application should be accompanied with copies of: -

- i) Birth Certificate
- ii) Stamped KCPE online result slip
- iii) Primary leaving certificate
- iv) Parent/guardian Identification Card
- v) Fees structure
- vi) Admission/Calling letter (**MUST be attached**)

2. Send the filled form to your respective ward administrator's office

Submit a dully filled form to the respective ward administrator's office latest by **15<sup>th</sup> JULY 2021**

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



**PART A: STUDENT'S DETAILS**

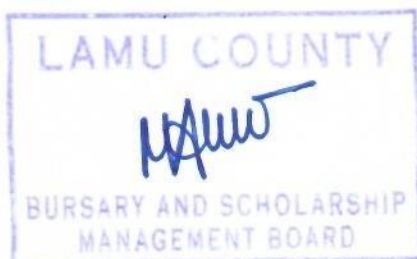
- 1. Surname.....Middle Name..... First Name.....
- 2. Sex Male ( ) Female ( )
- 3. Date of birth.....
- 4. KCPE Index Number in full.....
- 5. Primary School Attended.....
- 6. Constituency..... County Assembly ward.....
- 7. Name of High school Admitted ..... Admission.....  
Form.....
- 8. School Account Name:..... Bank.....  
School Account number:..... Branch.....
- 9. Category of School: Day ( ) Boarding ( )

**PART B: FAMILY BACKGROUND**

- 1. Who is responsible for your education?
- 2. Parent/guardian's Name.....  
Phone Contacts..... Email.....
- 3. Are there other children /siblings in school?

S/N	NAME	INSTITUTION	CLASS /FORM

- 4. Have you benefited from other funds such as CDF, NGAAF, other donors) this year? YES ( ) NO ( )
- If yes from whom? .....and how much did you receive Kshs.....
- 5. What balance do you have? Kshs.....



**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 approved ( )

2. Reasons for not approved.....

Chairman's Name .....

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

Secretary's Name .....

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

Official stamp.....

**PART E: LAMU COUNTY BURSARY AND SCHOLARSHIP MANAGEMENT BOARD RECOMMENDATIONS**

1. Bursary approved ( ) Not approved ( )

2. Reasons for not approved.....

Chairman's Name .....

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

Secretary's Name .....

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

Official stamp.....

