



REPUBLIC OF KENYA
MIGORI COUNTY GOVERNMENT



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MIGORI COUNTY
P.O BOX 195-40400
SUNA-MIGORI, KENYA

DEPARTMENT OF EDUCATION, GENDER INCLUSIVITY, SOCIAL SERVICES, YOUTH AND SPORTS
BURSARY APPLICATION FORM (FY 2024/2025)

INSTRUCTIONS

SERIAL NO.

- 1) Attach the following supportive documents; Copy of National ID, Student ID, Birth certificate, parent's death certificates if any, current report form/ transcripts and fee structure.
- 2) For joining students, please attach admission letters.
- 3) For KMTTC students please indicate campus name.
- 4) Dully filled form to be returned to the Office of the Ward Administrator.

STUDENTS LIVING WITH DISABILITY ARE ENCOURAGED TO APPLY.

SUB COUNTY..... WARD.....

VILLAGE..... POLLING STATION.....

A) PERSONAL INFORMATION

STUDENT'S NAME:

ADM. /REG. NO.

YEAR/FORM..... CONTACT.....

GENDER: MALE FEMALE

ARE YOU LIVING WITH ANY FORM OF DISABILITY? YES NO

IF YES STATE NATURE OF DISABILITY

B) INSTITUTIONAL INFORMATION

NAME OF INSTITUTION.....

(as it appears on the institution's official documents)

LOCATION OF INSTITUTION (COUNTY).....

COURSE: O-LEVEL CERTIFICATE DIPLOMA DEGREE OTHERS

BANK..... BRANCHA/C No.

ANNUAL FEE PAYABLE..... OUTSTANDING FEES

*This form is a property of Migori County Government and is **NOT FOR SALE** but can be REPRODUCED*

C) BACKGROUND INFORMATION

1) Father’s Name..... Occupation..... Contact.....

2) Mother’s Name..... Occupation Contact.....

3) TICK WHERE APPLICABLE

Father Alive	<input type="checkbox"/>	Not Alive	<input type="checkbox"/>
Mother Alive	<input type="checkbox"/>	Not Alive	<input type="checkbox"/>
Single Parent	<input type="checkbox"/>	Guardian	<input type="checkbox"/>

4. a) Name of person who pays your fees.....

b) Occupation..... c) Contact

c) Relationship

d) How many brothers and sisters do you have

e) How many children does the guardian have

f) How many are working/in business/farming

g) How many are in secondary school

h) How many are in post-secondary institutions

i) Is your parent/guardian living with any form of disability? If yes State the nature of disability.....

.....

j) Any other relevant information

.....

D) DECLARATION BY APPLICANT

I declare that the information given here is true to the best of my knowledge and any wrong information submitted is a criminal offence and may lead to my disqualification.

Name..... Signature..... Date.....

E) CERTIFICATION BY LOCAL ADMINISTRATION

I certify that the applicant is a resident of my Village/Ward, and that I have checked the information herein and confirmed it to be true to the best of my knowledge.

NAME SIGNATURE

DESIGNATION

RUBBER STAMP Date

F) OFFICIAL USE ONLY (WESC)

1) Applicant’s form is duly filled and signed

YES NO

2) Applicant has submitted relevant supporting documents

YES NO

3) Recommendation on level of need.....
.....

4) Recommended amount for bursary award KSH Amount in words
.....

Authorized signatures

Committee Chairperson:

Committee Secretary /Ward Administrator:

Name..... Name.....

Signature..... Signature.....

Date..... Official Stamp.....

