

B FAMILY INFORMATION

1. Tick Appropriately

Father Alive Dead If dead attach Death CertificateMother Alive Dead If dead attach Death CertificateSingle Parent Name _____ Mother/FatherAny disability Give details _____

(Attach a letter explaining disability or other disadvantages from Sub-Chief, Chief, Councilor, Religious Leader)

PARENT / GUARDIAN TEL NO: _____**C. INFORMATION ON FAMILY FINANCIAL STATUS**

Father's Name _____ Occupation/Profession _____

Mother's Name _____ Occupation/Profession _____

Guardian's Name _____ Occupation/Profession _____

1. How many brothers' and sisters do you have in Secondary School? 2. How many are in Post Secondary Institution?

3. If both parents are not alive, who has been paying for your education? (Tick for continuing student)

Guardian Sponsor/Well wisher Any other specify _____**D. APPLICANTS SIBLINGS IN EDUCATIONAL INSTITUTIONS**

SIBLINGS NAME/ GUARDIAN'S CHILDREN	NAME OF INSTITUTION	YEAR OF STUDY/CLASS	TOTAL FEES	FEES PAID	OUTSTANDING BALANCE
GRAND TOTAL					

E. DECLARATION

1 STUDENT'S DECLARATION

I _____ declare that to the best of my knowledge the information given here is true

Student's Signature _____ Date _____

2. PARENT'S DECLARATION

I _____ declare that I have read this form/this form has been read to me and I hereby confirm that the information given here is true to the best of my knowledge.

3. SCHOOL'S VERIFICATION

For continuing students

Year

Position in Class/Form Term 1 Term 2 Term 3
(Attach report Form)

Student's Discipline (Tick one option only)

Excellent Very Good Good Fair Poor

Head Teacher/Principal

TOTAL ANNUAL FEES FEE BALANCE

Brief comments on the student's level of need, discipline and Academic Performance.

I _____ The Principal/Head Teacher declare that the above named is a student in this school, and confirm that the information given herein is true to the best of my knowledge.

Signature _____ Date/Stamp _____

OFFICIAL NAME OF SCHOOL FOR WHICH CHEQUE WILL BE WRITTEN

4. CHIEF/ASSIATANT CHIEF:

Comment on the status of the family

Name: _____ Signature _____ Date/Stamp _____

5. RELIGIOUS LEADER:

Comment on the status of the family

Name _____ Signature _____ Date/Stamp _____

L. FOR OFFICIAL USE BY CONSTITUENCY BURSARY COMMITTEE

Recommended Not Recommended

Bursary awarded Kshs. _____

Cheque No. _____ Date _____

Chairman's name _____ Signature _____ Date: _____

Secretary's Name _____ Signature _____ Date: _____