

THE COUNTY GOVERNMENT OF MERU



**OFFICE OF THE GOVERNOR
DEPARTMENT OF EDUCATION AND TECHNOLOGY**

Email: meru.county@yahoo.com
When replying please quote

Meru County Headquarters,
P.O BOX 120-60200, Tel. 202381720
MERU.

DEPARTMENT OF EDUCATION AND TECHNOLOGY

EDUCATION RETENTION ENHANCEMENT FUND

APPLICATION FORM

SERIAL NO.....

INSTRUCTIONS:

1. GIVE CORRECT INFORMATION ONLY
2. INCOMPLETE FORMS WILL NOT BE ACCEPTED.

APPLICATION FORM

YEAR.....

SUB-LOCATION.....

SUB COUNTY/CONSTITUENCY.....

LOCATION.....

WARD

VILLAGE/ESTATE.....

PART A: STUDENTS PERSONAL DETAILS

1. FULL NAME

Surname

Middle

Others.....

SEX MALE ()

Female ()

Date of Birth.....

ADM. No.....

Year/ Class.....

Name of school/College/University

year

**Nb. (For those students joining form 1/College/University: please attach Admission letter)
The continuing students kindly attach your report form,
All students must attach their fees structures.)**

School Admitted: National () Extra County () County () Day school ()

Total feesFees paid Outstanding Balance (continuing students)

.....

PART B: FAMILY/GURDIAN INFORMATION

Father's name.....

Occupation / Profession.....Mobile.....

Mother's name.....

Occupation / Profession..... Mobile

Tick Appropriately. Orphan () Single parent (). If orphaned who pays your school fees?

(If orphaned, attach the death certificate).

Guardian () Sponsor/Well-wishers () Others (Specify).....

(1) How many brothers and sisters do you have? ()

(2) How many children does the guardian have? ()

(3) How many are in secondary school? ()

(4) How many are in post- secondary institution? ()

Briefly explain the reason for your inability to pay school fees.

.....
.....
.....

APPLICANT'S SIBLINGS IN EDUCATIONAL INSTITUTIONS

<u>SIBLING</u>	<u>INSTITUTION</u>
1.
2.
3.
4.
5.

PART C: PRINCIPAL/INSTITUTIONAL HEAD

Learner's general Conduct: Excellent () V. Good () Good () Fair () Poor ()

(Does this student receive any other assistant?) Yes () No () If yes state from who/where

Comments.....
.....
.....

Name.....

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

School/Institutional stamp

PART D: LOCATION CHIEF/ASS. CHIEF

Comments.....
.....

Name

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

(Official Stamp)

PART E: RELIGIOUS LEADER (Alternate to Chief)

Comment on the financial status of the family.....
.....

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

NameSignature.....

Position /designation

1. STUDENT’S DECLARATION.

a) Have you ever received the County Retention Enhancement fund before? Yes () No ()

If yes, how much and from which Ward
Amount Ksh.....Ward.....

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

Student’s signature..... Date.....

2. PARENT’S / GUARDIAN’S DECLARATION

I declare that I have read this form/ has been read to me and I hereby confirm that the

Information given herein is true to the best of my knowledge.

Parent’s/ Guardian’s Name.....Signature.....

PART E: FOR OFFICIAL USE ONLY

Awarded. () Not awarded. ()

Reason.....
.....
.....

Amount if awarded. Ksh..... In words
.....

Chairman's Name.....
Signature Date.....

Secretary's Name.....
Signature Date.....

Treasurer's Name.....
Signature..... Date.....

Official Stamp.....