

COUNTY GOVERNMENT OF MERU



OFFICE OF THE GOVERNOR DEPARTMENT OF EDUCATION & TECHNOLOGY

When replying please quote
Email:merucounty@meru.go.ke

Meru County Headquarters
P.O Box 120-60200
Meru County

SUB COUNTY.....WARD

COUNTY GOVERNMENT OF MERU SCHOLARSHIP PROGRAM 2017 SECONDARY SCHOOL APPLICATION FORM

INSTRUCTIONS/GUIDELINES

- The information provided in this form is intended to help the County Government of Meru District Scholarship Selection Board
- The information provided in this form is intended to help the County Government of Meru Scholarship Committee
- This application form must be filled accurately and completely in **CAPITAL LETTERS**.
- On being called for an interview the applicant must bring the originals of all documents attached.
- All incomplete or inaccurately filled forms will be automatically rejected.
- The completion and submission of this form is not a guarantee for sponsorship.
- Any false statements, omissions or forged documents will lead to automatic disqualification.
- Only shortlisted candidates will be invited for interviews.
- Filled application forms to be handed in to the **ward administrator** on or before2017

PART A: APPLICANTS PERSONAL DETAILS

PERSONAL DATA

Full Name of Applicant:

First/Baptismal: _____ Middle: _____ Surname/ Family Name: _____

Gender: Male Female Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Postal Address: P.O. Box:

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Tel/Mobile No.

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 Alternative Mobile No.

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Physical Address: sub County: _____ Ward: _____

First Name: _____ Middle Name: _____ Surname : _____

ID No.

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 Relationship to student /applicant: _____

Physical Address: County: _____ District : _____ Division: _____

Postal Address: P.O. Box:

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 Tel/Mobile Number: _____

Occupation: _____

SIBLING INFORMATION

List all the applicants' brothers and sisters in education institutions and their fee balances.

	Name	Age	School	Class/Year	Fee Balance
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

PART C: APPLICANT'S EVIDENCE OF NEED

APPLICANT'S INFORMATION

Indicator	Description
Why are you applying for a scholarship?	
Have you received any financial support/bursaries in the past? Please provide documentation:	
Do you have any special needs? For example: chronic illness, disability. Please provide documentation:	
Any other cause for special needs? Describe:	

Who do you live with? Parent(s) Guardian(s)

PARENT/GUARDIAN ECONOMIC STATUS INFORMATION

Indicator	Father/Male Guardian	Mother/Female Guardian
Age of your parents/guardians:		
Is any of your parents disabled? Describe the disability:		
Does any of your parents/guardians suffer from a chronic disabling medical condition? Describe:		
Are you living with both parents? If not explain:		
Are your parents/guardians employed? Give details of job and salary per month:		
Do your parents/guardians own a business? Describe and show the average monthly income:		
Do your parents/guardians own land? If yes, what is the size in acres?		

PART E: DECLARATIONS

APPLICANT'S DECLARATION

I, _____ declare that the information given above is true to the best of my knowledge and I am aware that giving false representation will mean that my application will not be considered and will lead to automatic disqualification

Signature: _____

Date of

D	D	M	M	Y	Y	Y
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PARENT'S/GUARDIAN'S DECLARATION

I confirm that the above information is true to the best of my knowledge and I am aware that giving false representation will mean that the application will not be considered and will lead to automatic disqualification.

Parent/Guardian name _____

Signature: _____

Date of:

D	D	M	M	Y	Y	Y
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If you wish to provide additional information, please attach a separate piece of paper.

Part F: RECOMMENDATIONS

This part must be completed by the relevant authorities indicated. Any false information will lead to disqualification.

1. Primary School Head Teacher:

Please report on the above named applicant's academic performance, conduct, special interests and talents. Also explain why he/she should be considered for the County Scholarship Program:

How long have you known the candidate / family? _____

Rate the candidates financial ability: Rich Middle Class Low Income Needy Very Needy

I have reviewed the information given in this form and believe it to be truthful. The above named student attended this school. Based on my knowledge and/or inquiries, I can affirm that he/she is needy/vulnerable based on the following facts about his/her circumstances.

Name: _____ Signature & Official Stamp: _____ Date of:

D	D	M	M	Y	Y	Y	Y
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Mailing Address: P.O. Box:

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 Tel/Mobile Number:

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2. Religious Leader or Chief.

How long have you known the candidate/family? _____

Rate the candidate's financial ability: Rich Middle Class Low Income Needy Very Needy

I have reviewed the information given in this form and believe it to be truthful. Based on my knowledge and/or inquiries I can affirm that this student is needy/vulnerable based on the following facts about his/her circumstances.

Name: _____ Signature & Official Stamp: _____ Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Mailing Address: P.O. Box

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 Tel/Mobile Number:

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3. Ward Administrator

How long have you known the candidate/family? _____

Rate the candidates financial ability: Rich Middle Class Low Income Needy Very Needy

I have reviewed the information given in this form and believe it to be truthful. The above named student is a resident of my location/ sub-location. Based on my knowledge and/or inquiries I can affirm that he is needy/vulnerable based on the following facts about his her circumstances.

Name: _____ Signature & Official Stamp: _____ Date of:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Mailing Address: P.O. Box:

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 Tel/Mobile Number:

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FOR OFFICIAL USE ONLY

The scholarship has been;

Awarded.

(Tick appropriately)

Not awarded.

Reasons _____

Chairman's Name _____ Date _____ Sign _____

Secretary's Name _____ Date _____ Sign _____

Sub-County ECDE Officer _____

Signature _____

Date _____

