

THE COUNTY GOVERNMENT OF MERU



DEPARTMENT OF EDUCATION, TECHNOLOGY, CULTURE, GENDER & SOCIAL DEVELOPMENT

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

Meru County Government
P.O. Box 120-60200

EDUCATION RETENTION ENHANCEMENT FUND

APPLICATION FORM

SERIAL NO.....YEAR

INSTRUCTIONS:

1. GIVE CORRECT INFORMATION ONLY
2. INCOMPLETE FORMS WILL NOT BE ACCEPTED
3. DULY FILLED APPLICATION FORM SHOULD BE RETURNED TO THE OFFICE OF MEMBER OF THE COUNTY ASSEMBLY (MCA) ON OR BEFORE 6TH JANUARY 2018.

APPLICATION DETAILS

MONTH.....YEAR..... SUB-LOCATION.....
 SUB COUNTY/CONSTITUENCY..... LOCATION.....
 WARD VILLAGE/ESTATE.....

PART A: STUDENT AND SCHOOL DETAILS

FULL NAME:

Surname Middle Others.....

SEX Male [] Female []

Date of Birth..... ADM. No.....Year/ Class.....

Name of school/College/University.....

(Note Carefully: The institution name should appear as it is in the fees structure)

Postal Address.....Code.....Town.....

Category of Secondary School: National [] Extra County [] County [] Day school []

Year 2018 Fee Ksh. (Include previous balance for continuing students)

(Attach a certified fee structure)

Give the name and mobile number of the institution's Principal/Dean of Students/Bursar/Manager

i). Name

ii). Mobile Number.....

PART B: FAMILY/GUARDIAN INFORMATION

Father's name.....

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

Mother's name.....

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

Tick Appropriately:

Both my parents are alive [] Single parent [] Orphan []
If orphaned who pays your school fees? Guardian [] Sponsor/Well-wishers []
Others (Specify).....

(Attach copy of death certificate/letter from the Chief/Asst. Chief if orphaned)

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

.....
.....

List the applicant's brothers and sisters who are in school and their fees balances:

NO	NAME OF THE STUDENT	AGE	SECONDARY SCHOOL/COLLEGE/UNIVERSITY	FEES BALANCE
1				
2				
3				
4				
5				
6				
7				

PART C: PRINCIPAL/INSTITUTION HEAD/MANAGER

Learner's general Conduct: Excellent [] V. Good [] Good [] Fair [] Poor []

Kindly comment on the financial status of the family

Name.....

Signature.....Date.....School/Institutional stamp

(Attach a copy of the latest report form)

1. STUDENT’S DECLARATION.

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 D: RELIGIOUS LEADER/CHIEF/ASST. 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.....stamp

PART E: WARD ADMINISTRATOR/E.C.D.E OFFICER

Comments.....

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

(Official Stamp)

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Awarded. [] Not awarded. []

Reason.....
.....

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

Chairman’s NameSignature Date

Secretary’s Name.....Signature..... Date.....

Sub –County ECDE OfficerSignature.....Date.....

Official Stamp.....