COUNTY GOVERNMENT OF MERU

OFFICE OF THE GOVERNOR
DEPARTMENT OF EDUCATION & TECHNOLOGY

When replying please quote
Meru County Headquarters
Email: merucounty@meru.go.ke
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 before …………2017

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

Postal Address: P.O. Box: ______________________

Tel/Mobile No. ______________________ Alternative Mobile No. ______________________

Physical Address: sub County: ______________________ Ward: ______________________
ACADEMIC INFORMATION
Name of primary school attended: ________________________________________________

Postal Address: P.O. Box: ________________________________________________________

Physical address: County: _______________ Sub County: ___________________________ Ward: _________________________

K.C.P.E Index No. _______________ K.C.P.E Results: _______________ Marks _______________

(Attach copy of KNEC certified results slip)

Year sat for KCPE: _______________ Have you attempted KCPE in previous years? Yes [ ] No [ ]

If more than once how many times and why? _______________ Scores attained in the previous years: _______________

PART B: APPLICANT’S FAMILY INFORMATION
PARENT’S INFORMATION

Father’s Full Name:
First Name: ________________________ Middle Name: ________________________ Surname: ________________________

ID No. ________________________ Living: [ ] Deceased: [ ] (If deceased please attach copy of death/burial permit)

Physical Address: Sub County: ________________________ Ward: ________________________

Postal Address: P.O. Box: _____________________________________________ Tel/Mobile No. ________________________

Occupation: ____________________________________________________________________

Mother’s Full Name:
First Name: ________________________ Middle Name: ________________________ Surname: ________________________

ID No. ________________________ Living: [ ] Deceased: [ ] (If deceased please attach copy of death/burial permit)

Physical Address: Sub County: ________________________ Ward: ________________________

Postal Address: P.O. Box: _____________________________________________ Tel/Mobile Number: ________________________

Occupation: ____________________________________________________________________

Are your parents living together? Yes [ ] No [ ] If no please explain): __________________________________________

GUARDIAN INFORMATION (If not living with the parents)
First Name: ____________________________ Middle Name: ____________________________ Surname: ____________________________

ID No.: ____________________________ Relationship to student/applicant: ____________________________

Physical Address: County: __________ District: __________ Division: ____________________________

Postal Address: P.O. Box: __________ Tel/Mobile Number: ____________________________

Occupation: ____________________________

SIBLING INFORMATION

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>School</th>
<th>Class/Year</th>
<th>Fee Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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</table>

PART C: APPLICANT’S EVIDENCE OF NEED

APPLICANT’S INFORMATION

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

Who do you live with? Parent(s) [ ] Guardian(s) [ ]
PARENT/GUARDIAN ECONOMIC STATUS INFORMATION

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

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 DDMMYY

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 DDMMYY

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.

The County Government of Meru Scholarship Application Form
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 of: ____________
Mailing Address: P.O. Box: ____________________ Tel/Mobile Number: ____________________

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: ____________
Mailing Address: P.O. Box: ____________________ Tel/Mobile Number: ____________________
FOR OFFICIAL USE ONLY

The scholarship has been;

Awarded. ☐
Not awarded. ☐

(Tick appropriately)

Reasons
_____________________________________________________________________________________
_____________________________________________________________________________________________
________________________________________________________________________

Chairman’s Name_________________________________ Date __________________ Sign __________________

Secretary’s Name_________________________________ Date __________________ Sign __________________

Sub-County ECDE Officer ____________________________

Signature __________________________________________

Date ____________________________________________

OFFICIAL STAMP