THE COUNTY GOVERNMENT OF MERU
DEPARTMENT OF EDUCATION, TECHNOLOGY, GENDER & SOCIAL DEVELOPMENT

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

Meru County Government
P.O. Box 120-60200

RETENTION ENHANCEMENT FUND 2018/2019
APPLICATION FORM

SERIAL NO…………………….. YEAR ………………..

INSTRUCTIONS:

1. GIVE CORRECT INFORMATION ONLY
2. INCOMPLETE FORMS WILL NOT BE ACCEPTED
3. DUTY FILLED APPLICATION FORM SHOULD BE RETURNED TO THE MEMBER OF THE COUNTY ASSEMBLY (MCA’S) OFFICE ON OR BEFORE 18th JANUARY 2019.

APPLICATION DETAILS

DATE……………………..MONTH………………..YEAR……………………. WARD………………………………………………

SUB-COUNTY/CONSTITUENCY…………………………. LOCATION………………………………………………

SUB-LOCATION…………………………………………. 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 2019 Fee Ksh. ………………………… (Include previous balance for continuing students)

(Attach a certified fee structure)
Give the name and mobile number of the institution’s Principal/Finance Officer/Bursar/Manager

i). Principal/Finance Officer/Bursar/Manager Name ..........................................................................................................

ii). Principal/Finance Officer/Bursar/Manager 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:

<table>
<thead>
<tr>
<th>NO</th>
<th>NAME OF THE STUDENT</th>
<th>AGE</th>
<th>SECONDARY SCHOOL/COLLEGE/UNIVERSITY</th>
<th>FEES BALANCE</th>
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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
Name …………………………..Signature…………………………….stamp …………………………..

PART E: WARD ADMINISTRATOR
Comments…………………………………………………………………..
Name……………………………………………..Signature……………………………. Date………………
(Official Stamp)

FOR OFFICIAL USE ONLY
Awarded. [ ]    Not awarded. [ ]
Reason…………………………………………………………………………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………………………………………………………………………
Amount if awarded. Ksh………………………..In words ………………………………………………………………………………………………………………………
Chairman’s Name …………………………..Signature ………………. Date ………………..
Secretary’s Name……………………………………………..Signature……………….. Date………………
Sub –County ECDE Officer …………………………………..Signature…………………………….Date………………

Official Stamp……………………………………………………