



**H. AREA ASSISTANT CHIEF/CHIEF**

General comment on the family/parent status.....

Ward  Location  Sub Location

I certify that the information given is correct.

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

Designation.....OfficialStamp.....Telephone.....

**I. OFFICIAL USE BY THE WARD BURSARY COMMITTEE**

Score.....

Approved for Bursary  Bursary Awarded Ksh.

Not approved  Main reason.....

Chairman's Official Stamp

**DEPARTMENT OF EDUCATION, VOCATIONAL TRAINING AND LIBRARY SERVICES**  
**P.O BOX 46-20321**  
**RUMURUTI**  
 Email: [bursary@laikipia.go.ke](mailto:bursary@laikipia.go.ke)  
[www.laikipia.go.ke](http://www.laikipia.go.ke)

**LAIKIPIA COUNTY EDUCATION NORMAL BURSARY APPLICATION FORM FY 2025/26**

**A. REQUIREMENTS AND INSTRUCTIONS (Applicants must read the following before completing this form)**

- All sections in this form **must** be filled.
- Applicant **should** apply only **Once** in the **Ward of residence**.
- Duly filled and completed forms **should** be submitted to the respective Ward ECDE Coordinator's office or CDA's Office on or before close of business **24<sup>th</sup> March, 2026**.
- Students **joining Tertiary institutions must** attach admission letters and fees structures
- Continuing Tertiary institution students **Must** attach copies of their student IDs and current fee structures
- **GRADE 10 needy** students are encouraged to apply.
- Supportive documents on family background namely death certificate or disability registration /assessment **Must** be attached (Part D).
- Other supporting documents that **must** be attached include; a copy of parent/guardian national ID.

**NOTE: TERTIARY INSTITUTIONS refers to all formal post- secondary both public and private learning facilities i.e Universities, colleges, technical training institutes and vocational centres**

**B. STUDENT'S PERSONAL DETAILS**

Full Name ..... Last First Middle

Gender Male  Female

Date of Birth

Student Telephone no..... Parent/Guardian Phone no.....

Email Address.....

Any form of disability (**Tick if any**) Yes.  NO.  If Yes, Specify .....

**C. INSTITUTIONS (ALL FIELD ARE MANDATORY)**

**SECONDARY LEVEL (GRADE 10, FORM 3 AND FORM 4)**

Registration/Admission number

Form/Grade  Total number of students in that form/grade

Position: Term 1  Term 2  Term 3

School Bank details

Fee requirement in Kenya shillings

Annual total fees

Fee paid/Able to pay

outstanding balance

**Mandatory to indicate Bank Name**  
**Schools physical**

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**TERTIARY LEVEL**

Name of VTC/TIVET/College/University.....

Level/ year:.....Current Grade:.....

Administration number (for continuing students).....

ID Number (for new students or waiting card number.....

Fee requirement in Kenya shillings

Annual total fees

Fee paid/Able to pay

outstanding balance

**Mandatory to indicate Bank Name**  
**Schools physical**

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**D. FAMILY BACKGROUND** (tick appropriately on nature of your family background)

(1) Has both parents  (2) Has a single parent

(3) Has one parent deceased  (4) Total Orphan

(5) Parent with disability (Mentally handicapped)

(6) Parent with disability (Physically challenged)

(7) Parent with disability (Visually impaired)

(8) Other form of disability please

specify.....

(9) Estimated Gross Income in the last 12 months in Kenya Shillings (*Gross income means income from salary, business, farming and other occupations*)

Parent/Guardian	Father	Mother	Guardian/Spouse
Gross Income			

(10) Student's siblings in education institutions

Siblings Name/Guardian Children Name	Name of Institution	Year of Study/Form	Annual Total Fees	Fees paid	Outstanding Balance

**E. STUDENT'S DECLARATION**

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

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

**F. PARENTS/GUADIAN'A DECLARATION**

I declare that I have read this form/this /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.....Occupation.....

Signature.....Date.....Telephone Contact.....

**G. RELIGIOUS LEADER**

General comment on the family/parent status.....

Ward  Location  Sub Location

I certify that the information given is correct.

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

Designation.....OfficialStamp.....Telephone.....

