



**DEPARTMENT OF EDUCATION, SKILLS DEVELOPMENT, YOUTH AND SPORTS
MARSABIT COUNTY SCHOLARSHIP FUND APPLICATION FORM**

SUB-COUNTY:.....

WARD:

VILLAGE UNIT:.....

Notes:

- a.) This Registration Form applies to students who intend to benefit from the Marsabit County Scholarship Fund;
- b.) The Registration Form shall be used by the Sub County Scholarship Committee and County Scholarship Management Committee to gather information of applicants to determine whether or not they qualify to benefit from the fund;
- c.) The Registration Form shall be filled and submitted by the applicants to County Scholarship Management Committee through the Sub County Scholarship Committee;
- d.) The submission of false information in the registration form is an offence and may result in prosecution;
- e.) The applicant must provide all information requested in this form.

PART A

1. **Name:** (State full name).
Surname. Other Names.....
2. **Field of Study:**
3. Sex: Male: () Female: () (Tick as appropriate)
4. **Date of Birth:** (state year and place of birth)
5. **Place of Birth (State village, Ward, Sub County)**
6. **Marital Status:**
7. **ID Number:**
8. **KRA PIN Number:**

Marsabit County Scholarship Fund

9. **Postal Address:**.....
10. **Knowledge of Languages:** (*Specify Languages*)
11. **Education:** (List, in reverse chronological order each secondary school, university, college, or any other institution of higher education attended and indicate, in respect of each, the dates of attendance and academic award obtained;

Name of School, College, University attended	Dates of Attendance	Certificate, Diploma, Degree awarded

(Attach copies of certificates / testimonies)

12. **Employment Record:** (List in reverse chronological order all employments with which you have been affiliated as an officer or consultant) (if applicable).

Name of Employment	Position	Dates of Service	Total Years served

13. Have you ever been charged in a court of law in the last three years? If so, specify the nature of the charge, where the matter is ongoing, the present status of the matter, or where the matter is concluded the judgment of the court, or otherwise, how the case was concluded.
14. **I am aware that-** on receiving the Marsabit County Scholarship Fund under this Act and upon completion of the sponsored studies, I shall work, resource allowing and dependent on availability of vacancy in the County Government or other partners within the Marsabit County for a minimum of three years, failure to which I shall be liable to reimburse the County Government the full scholarship amount.

PART B

Year of Study:

1st Year () 2nd Year () 3rd Year () 4thYear (), 5th Year (),
6th Year () Other (specify ()) (Tick as appropriate)

Course of Study:

Duration of Study:.....

Name of Institution:

Campus:

Admission Number:

School Account Number:

Bank:

Branch:

School Fees:

Student's mobile number:.....

Student's email address:

(Please attach a copy of school/college/university ID card and fee structure)

(For Fresh Students attach Copies of Admission Letter and fee Structure.)

PART C

Do you suffer from, any Disability? Yes () No () *(Tick as appropriate)*

Give details:

.....
.....
.....
.....

PART D

FAMILY STATUS

Parents-Both alive (), One alive (), Both not alive () *(Tick as appropriate)*

Name of Parents/Guardians:

Occupations:

Mobile Number:.....

(Please attach copies of parents'/guardians' ID cards or Death Certificates)

Do you have siblings Yes () No ()

How many:.....

Give details:

No	Full Names	Age	Current Institution, College And Class Year?

PART E

DECLARATION

I, declare that the information I have given hereinabove is true to the best of my knowledge, information and belief.

.....
SIGNATURE DATE

PART F

FOR OFFICIAL USE ONLY

1. SUB COUNTY COMMITTEE RECOMMENDATION

School fees

Kshs.
(Amount in Words):
.....

Amount Applied:

Kshs.....
(Amount in Words):
.....

Comments from Sub County Committee

.....
.....
.....
.....

Committee Secretary

Name:

Date:

Official Stamp and Signature:.....

Committee Chairperson

Name:

Date:

Official Stamp and Signature:.....

2. County Scholarship Fund Management Committee

APPROVAL

Kshs.....

(Amount in Words):

.....

Management Committee Secretary

Name:

Date:

Official Stamp and Signature:.....

Management Committee Chairperson

Name:

Date:

Official Stamp and Signature:.....