



COUNTY GOVERNMENT OF MARSABIT

P.O. Box 384 – 60500, Marsabit

Department of Education, Skills Development, Youth and Sports



MARSABIT COUNTY EDUCATION FUND(MCEF)
2019/2020 APPLICATION FORM

(TO BE FILLED BY 2018/2019 BENEFICIARIES ONLY)

NOTE

- a) This form will be filled by 2018/2019 beneficiaries who wish to benefit from 2019/2020 FY.
b) The Registration Form Shall be submitted to ward administrator on 1st October 2019 for consideration and approval.
c) The submission of false information & double application in the registration form is an offence and may result to cancellation of scholarship.
d) The applicant must provide all information requested in this form.

I. NAME: .....
II. SUB COUNTY: .....
III. WARD: .....
IV. Admission Number: .....
V. Course name: .....
VI. Duration of study: .....
VII. Name of Institution: .....
VIII. Campus: .....
IX. School Account Number: .....
X. Bank name.....
XI. Branch.....
XII. Account Name.....
XIII. School fees per year.....
XIV. Student's mobile number.....
XV. Student's email address: .....
XVI. Amount received 2018/2019 financial year: .....

(must be supported by official receipt from institution or photocopy of student portal)

FOR OFFICIAL USE

1. WARD COMMITTEE

NAME.....
SIGNATURE.....
Date.....

2. WARD ADMINISTRATOR

NAME.....
SIGNATURE.....
Date.....
Sub county stamp