



**COUNTY GOVERNMENT OF BUNGOMA
MINISTRY OF EDUCATION AND VOCATIONAL TRAINING**

SCHOLARSHIP RENEWAL APPLICATION FORM
(To be filled by continuing students)

Applicant’S Personal Information:

1. Applicant’s Name: _____
2. Date of Birth: _____ Birth Certificate No. _____ *(Attach copy of birth certificate)*
3. Sub-county: _____ Ward _____ Location _____
Sublocation _____ Village _____
4. Name of School _____ Form _____ Adm No. _____

Family Information:

1. Father’s Name: _____ ID No _____ Phone No.: _____
2. Father’ Status: Alive Deceased. *(If deceased, please attach copy of Death Certificate).*
3. Mother’s Name: _____ ID No _____ Phone No.: _____
4. Mother’s Status: Alive Deceased *(If deceased, please attach copy of Death Certificate).*

Academic Progress:

No	Form/Class	Term 1		Term 2		Term 3	
		Mean grade	Overall class position	Mean Grade	Overall class position	Mean Grade	Overall class position
1							
2							
3							

Additional Remarks:

In not more than 200 words give any additional remarks:

Kindly submit the following documents to the office of the Ward Administrator:

Academic progress reports (report cards), fee payment statement for the ending academic year, fee structure for the new academic year.

Signature of applicant: _____ Date: _____

For Official Use Only:

Ward Administrator

Has the applicant submitted all required documents? Yes [] No []

Remarks _____

NAME

SIGNATURE

DATE & OFFICIAL STAMP

County Education Support Scheme Committee

Does the applicant qualify for the renewal of the scholarship? Yes [] No []

If no give reasons: _____

If yes, amount allocated: _____

Remarks _____

NAME OF APPROVER

SIGNATURE

DATE & OFFICIAL STAMP