



COUNTY GOVERNMENT OF ELGEYO MARAKWET
DEPARTMENT OF EDUCATION AND TECHNICAL TRAINING

SECOND SCHEDULES (S.21 (1))
APPLICATION FORM

FORM EMCEF/WARD..... YEAR.....

TO: THE CHAIRMAN,
ELGEYO/MARAKWET COUNTY EDUCATION FUND
P.O. BOX 220 – 30700,
ITEN.

Ref: Secondary, Post –Secondary Learning institutions and Vocational Training Centers

A.PERSONAL INFORMATION

(i) Name of applicantTel.....
Adm No./Reg. No.....

(ii) Name of Guardian / ParentTel.....

(iii) Occupation

(iv) Area of residence

(a) Ward

(b) Location

(c)Sub- Location

(d)Village

(e) Contact Person Tel/No.....

(v) Name of the institution of learning.....

Account No:Bank:.....

Telephone NO.....

Physical Address P.O Box Code..... Town:

County

From..... To.....

(vi) Reason for applying (tick) were appropriate

I am a needy orphan

I am a needy student from a single parent

I hail from a poor family

any other – please explain

.....
.....

(vii) Have you ever been a beneficiary?

yes

No

(viii) If yes, which Year?

(ix) Total cost of your Education per year Ksh.....

(Attach Certified fees structure)

I certify that the above information is true to the best of my knowledge and believe

Signature Date.....

Student

B. FOR OFFICIAL USE ONLY

- (i) Ward Name
- (ii) Date Application was received
- (iii) Reason for not
Approving

Amount recommended Ksh.

Chairman – Ward Bursary Committee

Signature Date.....

Ward Administrator

Signature Date.....