



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

PERSONAL INFORMATION

(i) Name of the applicant.....Tel.....
Adm No./ Reg .No.....

(ii)Name of Guardian/Parent.....Tel.....

(iii)Occupation.....

(iv)Area of Residence

(a)Ward..... (b) Location .....

(c) Sub - Location .....(d) Village .....

(e)Contact Person.....Tel.....

(v)School/College/University.....

Account Number.....Bank.....

Telephone No.....

Physical Address P. O Box.....

Code.....Town.....

County.....

From.....

To.....

(vi)Status of the applicant (tick) where appropriate

- (a) Orphan (b) Single parent student (c) Humble background (d) Needy orphan (e) Needy single parent

(f)Any other, please explain.....

(vii) Have you ever been a beneficiary?

Yes ( ) No( )

If yes, which year.....

(viii)Total Cost of your Education fee per year ( Ksh).....

(Attach certified fee structure)

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

Student

Signature.....Date.....

Acknowledgement by Chief/Religious Leader

I.....hereby certify that the above information about the named student is true to the best of my knowledge

Stamp

Signature.....Date.....

Elgeyo Marakwet County Education Fund

**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.....