



KENYA INSTITUTE OF SOCIAL WORK AND COMMUNITY DEVELOPMENT

Southern House 2nd Floor, Off Moi Avenue Opposite Meridian Hotel TEL NO. 0724772878 / 071384433/0733727406

BURSARY APPLICATION FORM

SECTION I: APPLICANT'S PERSONAL DETAILS

FULL NAME _____

GENDER _____ AGE _____ MARITAL STATUS _____ ID NO. _____ (Attach copy of ID)

HOME DISTRICT _____ CONSTITUENCY _____

LOCATION _____ SUB-LOCATION _____

WARD/VILLAGE/ESTATE _____

EMPLOYMENT DETAILS: _____

HIGHEST LEVEL OF EDUCATION/TRAINING _____

GRADE OBTAINED _____

YEAR COMPLETED _____ (Attach copy of Certificate/result slip)

PREVIOUS INSTITUTION/SCHOOL _____

P. O. BOX _____ POSTAL CODE _____

ANY DISABILITY; (YES/NO) _____ IF YES; MILD/SEVERE _____
SPECIFY _____

CURRENT MAILING ADDRESS

P. O. BOX _____ POSTAL CODE _____ TEL _____

SECTION II: FAMILY DETAILS

FATHER'S NAME _____ ID NO: _____ TEL _____

OCCUPATION _____ ANNUAL INCOME _____

OTHER SOURCES OF INCOME _____

IS FATHER ALIVE (YES/NO) _____

MOTHER'S NAME _____ ID NO: _____ TEL _____

OCCUPATION _____ ANNUAL INCOME _____

CURRENT MAILING ADDRESS

P. O. BOX _____ POSTAL CODE _____ TEL _____

OTHER SOURCES OF INCOME _____

IS MOTHER ALIVE (YES/NO) _____

GUARDIAN'S NAME _____ ID NO: _____ TEL _____

OCCUPATION _____ ANNUAL INCOME _____

CURRENT MAILING ADDRESS _____
P. O. BOX _____ POSTAL CODE _____ TEL _____

SECTION III: COURSE DETAILS

COURSE ADMITTED TO _____ DURATION _____ LEVEL _____

FEE PAYABLE FOR WHOLE COURSE KSH _____

AMOUNT APPLIED FOR IN KSH _____

DATE OF ADMISSION _____ ADM NO. _____

BRIEFLY EXPLAIN WHY YOU THINK YOU DESERVE THIS BURSARY

SECTION IV: APPLICANT'S DECLARATION

I confirm that the above information is true to the best of my knowledge and I am aware that giving false information will lead to automatic disqualification.

NAME _____ SIGNATURE _____ DATE _____

SECTION: RECOMMENDATIONS

(a) Area Chief/Assistant Chief

I confirm/refute the information given by the applicant and I recommend/do not recommend the applicant for the award of bursary.

NAME _____ SIGNATURE _____ DATE & OFFICIAL STAMP _____

(b) Religious Leader (Ordained Pastors, Bishop, Priest, Imam, etc)

I declare that the above information is true/not true to the best of my knowledge and I am aware that giving false information will lead to automatic disqualification. I recommend/Do not recommend the applicant for bursary.

NAME _____ SIGNATURE _____ DATE & OFFICIAL STAMP _____

SECTION VI: INSTITUTIONAL COMMITTEE RECOMMENDATION

Following the Institutional Bursary Committee meeting held on (date) _____, the applicant's request for bursary is hereby recommended/Not recommended as per minute number _____
Bursary awarded Kshs _____

If not recommended give reasons

Chairman _____ Secretary _____
Signature Signature

DATE AND OFFICIAL STAMP