



Grass Root Impact

GRASS ROOT IMPACT CENTRE (GIC)

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TERTIARY INSTITUTIONS AND SECONDARY EDUCATION BURSARY APPLICATION FORM

(FOR NEEDY STUDENTS)

Instructions:

- 1. Sections A, B, C, and D must be filled out by the applicant in triplicate.**
- 2. Attach all necessary documents as indicated in the guidelines.**

A. APPLICANT'S DETAILS

1. Name (Surname): _____

Other Names: _____

2. Date of Birth: _____

3. Gender: _____

4. National ID/Birth Certificate Number: _____

5. Disability (Specify if applicable): _____

6. Institution Name (in full): _____

7. Type of Institution (Tick as appropriate):

- Day School

- Mixed Day & Boarding School

- [] Boarding School
- [] Public Secondary School
- [] Private Secondary School

8. Form/Class/Year of Study: _____

9. Admission Number: _____

10. Are you a beneficiary of any other bursary? (Yes/No): _____

If Yes, how much (KSH): _____

11. Applicant's Signature: _____

12. Date of Application: _____

B. FAMILY DETAILS

1. Father's Name: _____

- ID Number: _____

- Tel Number: _____

- Occupation: _____

- Is he alive? (Yes/No): _____

2. Mother's Name: _____

- ID Number: _____

- Tel Number: _____

- Occupation: _____

- Is she alive? (Yes/No): _____

3. Name of Guardian (if applicable): _____

- Relationship with Guardian: _____

- Tel Number: _____

4. Number of Siblings: _____

C. GEOGRAPHICAL LOCATION

1. County: _____

2. Sub-County: _____

3. Ward: _____

4. Village: _____

5. Location: _____

6. Sub-Location: _____

D. REASON(S) WHY THE APPLICANT DESERVES THE BURSARY AWARD

Please write below why you deserve this bursary award (use the space provided):

D. SECONDARY SCHOOL DETAILS

Name of School: _____

Official School Tel: _____ Physical Address:

Name of the Authorized Person and Sign: _____

E. SECONDARY SCHOOL BANK ACCOUNT DETAILS

Name of Bank: _____ Branch: _____

Account Name: _____

School Fee Account Number: _____

Account Clerk/Bursar Verification (Name): _____

Tel: _____ Sign: _____

Stamp & Date: _____

F. RECOMMENDATION BY THE SCHOOL

(This should include the period the student has been absent within a term, reason for absenteeism, and if she/he is in need of the school fees)

Principal's Name & Signature: _____ Stamp & Date:

H. TERTIARY INSTITUTION DETAILS

1. Name of Institution: _____

2. Type of Institution (Tick as appropriate):

- University

- College

- Technical Training Institute

3. Course/Program of Study: _____

4. Year of Study: _____

5. Admission Number: _____

6. Institution Bank Details:

Name of Bank :

Branch : _____

Account Name : _____

Account Number :

7. Are you a beneficiary of any other bursary or scholarship? (Yes/No): _____

If Yes, specify amount and source: _____

Finance Office Verification (Name): _____

Tel: _____

Sign: _____

Stamp & Date: _____

G. RECOMMENDATION BY THE AREA ASSISTANT CHIEF/CHIEF

Name: _____

Signature: _____ **Stamp & Date:** _____

FOR OFFICIAL USE

Received By: _____ **Designation:** _____

Signature: _____ **Date & Stamp:** _____

Approved by Bursary Committee (Yes/No): _____ **Amount Approved: KSH**

Amount Approved in Words: _____

Chair Bursary Committee: _____ **Signature:** _____

Date: _____

Bursary Committee Secretary: _____ **Signature:**

_____ **Date:** _____

Attach the following documents:

- 1. Current School Report Form**
- 2. School fee structure indicating the school Bank, Branch, and Account number**
- 3. A copy of School's Admission Letter for new student**
- 4. A copy of Death Certificate or Burial Permit for the parents/guardians (orphaned applicants only)**
- 5. A copy of Disability Certificate in case of disability**

NOTE: All applications MUST be processed by the Bursary Committee.

