



REPUBLIC OF KENYA



HOMA BAY COUNTY

**DEPARTMENT OF EDUCATION, HUMAN  
CAPITAL DEVELOPMENT AND  
VOCATIONAL TRAINING**

HOMA BAY GOVERNOR'S

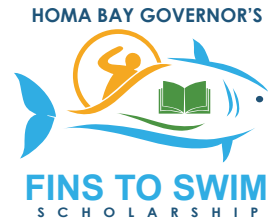


**FINS TO SWIM**  
SCHOLARSHIP

**Scholarship**  
**2023**



DEPARTMENT OF EDUCATION, HUMAN CAPITAL  
DEVELOPMENT AND VOCATIONAL TRAINING  
P.O BOX 706 – 40300 HOMA BAY



## HOMA BAY COUNTY 2023 SCHOLARSHIP ANNOUNCEMENT

The County Government of Homa Bay through the Department of Education, Human Capital Development and Vocational Training wishes to bring to the attention of the general public that applications for Governor's scholarship is now open to candidates who sat for KCPE in 2022, eligible to join Form one in 2023.

This scholarship program was established in the year 2022 by H. E. Gladys Wanga with the specific objective of supporting outstanding and needy students from Homa Bay County.

The prescribed scholarship application form is attached below. The form can also be obtained from respective **Ward Offices** across the county or downloaded from the **Official County Government of Homa Bay Website** (<https://homabay.go.ke/>)

Eligible candidates **MUST** satisfy the following requirements:

- a. Be a resident of Homa Bay County
- b. Must have sat for KCPE 2022
- c. Must have attained 350 marks and above in KCPE
- d. Be resident of a ward from which he/she is applying from
- e. Is vulnerable and must demonstrate a need for financial assistance

**Students from special groups like PWD are encouraged to apply and affirmative action shall be taken to ensure equity.**

**NOTE:** Attach all relevant supporting documents e.g Copy of certified KCPE Result Slip, Death Certificate, Admission Letters, Fee Structures, Testimonials, Recommendation Letters etc

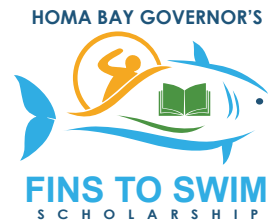
# 2023 SCHOLARSHIP APPLICATION FORM

Form (AF-2)

Serial No.....



DEPARTMENT OF EDUCATION, HUMAN CAPITAL  
DEVELOPMENT AND VOCATIONAL TRAINING  
P.O BOX 706 – 40300 HOMA BAY



## SCHOLARSHIP APPLICATION FORM (To be filled by new applicants)

### INSTRUCTIONS/GUIDELINES

- This applicant form must be filled accurately and completely in **CAPITAL LETTERS**
- All incomplete or inaccurately filled forms will be automatically rejected
- Canvassing will lead to automatic disqualification
- The completion and submission of this form is not a guarantee for sponsorship
- Any false statements, omissions or forged documents will lead to automatic disqualification
- Only **2022 KCPE** candidates will be considered
- Every part of this form must be filled. Failure to do so makes this application form incomplete and therefore renders the applicant ineligible for the scholarship
- Kindly ensure that you attach the following documents to your duly filled application form
  - Certified copy of the result slip
  - Certified Copy of Parent/Guardian ID
  - Death certificate or Burial permit (for Orphans)
  - Certified copy of birth certificate
  - Recommendations from Primary School Head Teacher, National Government Administration (Chief or Asst. Chief) and Religious leader, Please let the recommenders fill the attached commendation form.
- Copies of **ALL DOCUMENTS** required must be provided by the applicant, Any applications without relevant documents will be rejected.

# 2023 SCHOLARSHIP APPLICATION FORM

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## SECTION A

### APPLICANT PERSONAL INFORMATION

1. Applicant's Name: \_\_\_\_\_
2. Gender: Male [ ] Female [ ] Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
3. Birth Certificate No. \_\_\_\_\_ (Attach copy of Birth Certificate)
4. Sub-county: \_\_\_\_\_ Constituency \_\_\_\_\_ Location \_\_\_\_\_  
Sub-location \_\_\_\_\_ Ward \_\_\_\_\_ Village \_\_\_\_\_
5. Permanent Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_
6. Amount applied for in Kshs \_\_\_\_\_
7. Name of School \_\_\_\_\_
8. Form \_\_\_\_\_ Duration of Study \_\_\_\_\_
9. Date of Admission \_\_\_\_\_ Adm No. \_\_\_\_\_
10. Fees payable per year in Kshs. \_\_\_\_\_
11. Who is responsible for paying your school fees: \_\_\_\_\_
12. Any Disability: (Yes/No) \_\_\_\_\_ If Yes: Specify \_\_\_\_\_

(NB numbers 7,9 and 10 can be left blank if information not available by the time of submission)

### FAMILY INFORMATION

1. Father's Name: \_\_\_\_\_ ID No. \_\_\_\_\_
2. Father's Status: Alive [ ] Deceased [ ] (If deceased, please attach Death Certificate)
3. Occupational Status: Employed [ ] Peasant Farmer [ ] Unemployed [ ]  
Others (specify) \_\_\_\_\_ (If employed attach copy of latest pay slip)  
Other sources of income \_\_\_\_\_ total annual income per year \_\_\_\_\_
4. Telephone Contact \_\_\_\_\_
5. Mother's Name \_\_\_\_\_ ID No. \_\_\_\_\_
6. Mother's Status: Alive [ ] Deceased [ ] (If deceased, please attach Death Certificate)

# 2023 SCHOLARSHIP APPLICATION FORM

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Serial No.....

7. Occupational Status: Employed [ ] Peasant Farmer [ ] Unemployed [ ]

Others (specify) \_\_\_\_\_ (If employed attach copy of latest pay slip)

Other sources of income \_\_\_\_\_ total annual income per year \_\_\_\_\_

8. Telephone Contact \_\_\_\_\_

9. Provide details of brothers and sisters in school or college in the table below:

No.	Name	Year of Birth	Class/Year of Study	Fees Paid per year	Sponsor
1					
2					
3					
4					
5					
6					
7					
8					

## SECTION B

### APPLICANT'S ACADEMIC RECORD (in chronological order):

No.	Name of School/Institution	Year of Admission	Year of Completion	Final Grade (KCPE, KCSE etc)
1				
2				
3				
4				

### CO-CURRICULUM ACTIVITIES (attach Certificates of participation):

- a. Sports: \_\_\_\_\_
- b. Clubs: \_\_\_\_\_
- c. Other social activities: \_\_\_\_\_



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## (C) ACADEMIC REFEREES

*Kindly provide letters of recommendation from the Academic referees e.g. former school principals. The recommendation letters should include the following information:*

Name of Recommender: \_\_\_\_\_

Position: \_\_\_\_\_

Contact Address: \_\_\_\_\_

## (D) WARD ADMINISTRATOR COMMENTS

I recommend /do not recommend the applicant for the award of scholarship. If not recommended, Give reasons \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPROVER

\_\_\_\_\_  
DEPARTMENT

\_\_\_\_\_  
DATE

## FOR OFFICIAL USE ONLY:

Are the applicant documents in order? Yes [ ] No [ ]

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

Amount allocated: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
NAME

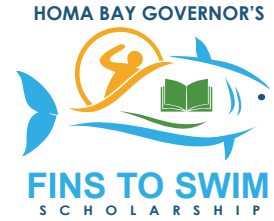
\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE & OFFICIAL STAMP

# 2023 SCHOLARSHIP APPLICATION FORM



DEPARTMENT OF EDUCATION, HUMAN CAPITAL  
DEVELOPMENT AND VOCATIONAL TRAINING  
P.O BOX 706 – 40300 HOMA BAY



## SCHOLARSHIP RECOMMENDATION FORM (To be filled by recommender)

This part must be completed by the relevant authorities indicated. Any false information will lead to disqualification.

### Primary School Head Teacher:

Please report on the named applicant's performance, conduct, special interests and talents. Also explain why he/she should be considered for the Homa Bay County Governor's Scholarship Program.

How long have you known the candidate/family \_\_\_\_\_  
My school has \_\_\_\_\_ pupils who sat for KCPE and in the most recent tests sat by the applicant before sitting for KCPE, this applicant's position was no. \_\_\_\_\_ overall and attained \_\_\_\_\_ marks out of 500.

Report on any special interests or talents the child may have e.g leadership, sports, Arts, Music etc: \_\_\_\_\_

Rate the candidate's financial ability: [ ] Very Rich [ ] Rich [ ] Middle Income [ ] Poor [ ] Very Poor [ ]

I have reviewed the information given in this form and believe it to be truthful. The above student attended my school and based on my knowledge and /or inquiries, I affirm that he/she is needy /vulnerable. Please describe facts about his/her circumstances.

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Postal Address: P.O. Box: \_\_\_\_\_ Town//City \_\_\_\_\_ Postal Code \_\_\_\_\_

Name: \_\_\_\_\_ Signature & Official stamp \_\_\_\_\_

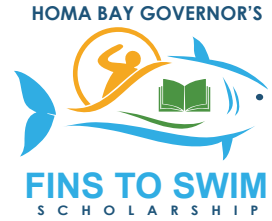
Date: \_\_\_\_\_ Tel/Mobile Number \_\_\_\_\_



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## SCHOLARSHIP RECOMMENDATION FORM (To be filled by recommender)

National Government Administration (Chief or Ass. Chief)

How long have you known the candidate/family? \_\_\_\_\_

Rate the candidate's financial ability: [ ] Very Rich [ ] Rich [ ] Middle Income [ ]  
Poor [ ] Very Poor [ ]

	Yes	No
Orphaned		
Parents/guardians are employed		
Parents/guardians		
Any additional information, explain:		

I have reviewed the information given in this form and believe it to be truthful. The above named student is a resident of my Location/Sub-location. Based on my knowledge and/or inquiries, I affirm that he is needy/vulnerable.

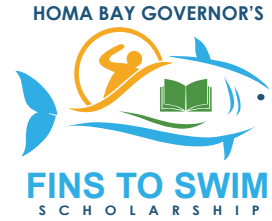
Name: \_\_\_\_\_ Signature & Official stamp \_\_\_\_\_

Date: \_\_\_\_\_ Tel/Mobile Number \_\_\_\_\_

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## SCHOLARSHIP RECOMMENDATION FORM (To be filled by recommender)

Religious Leader (Bishop, PAstor, Priest, Imam, etc)

How long have you known the candidate/family? \_\_\_\_\_

Rate the candidate's financial ability: [ ] Very Rich [ ] Rich [ ] Middle Income [ ]  
Poor [ ] Very Poor [ ]

I have reviewed the information given in this form and believe it to be truthful.  
Based on my knowledge and/or inquiries, I affirm that he is needy/vulnerable  
based on the following facts about his/her circumstances.

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Postal Address: P.O. Box: \_\_\_\_\_ Town//City \_\_\_\_\_ Postal Code \_\_\_\_\_

Name: \_\_\_\_\_ Signature & Official stamp \_\_\_\_\_

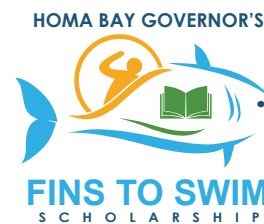
Date: \_\_\_\_\_ Tel/Mobile Number \_\_\_\_\_

# 2023 SCHOLARSHIP APPLICATION FORM



HOMA BAY COUNTY

DEPARTMENT OF EDUCATION, HUMAN CAPITAL  
DEVELOPMENT AND VOCATIONAL TRAINING  
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## RECOMMENDATIONS BY SCHOLARSHIP FUND STEERING COMMITTEE

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

Remarks:

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NAME

DESIGNATION

SIGNATURE

NAME

DESIGNATION

SIGNATURE

NAME

DESIGNATION

SIGNATURE