

THE COUNTY GOVERNMENT OF MERU



DEPARTMENT OF EDUCATION, SCIENCE, CULTURE AND ARTS

Email: education@meru.go.ke
When replying please quote

County Government of Meru
P.O. Box 120-60200
MERU

**RETENTION ENHANCEMENT FUND FY 2024/2025
APPLICATION FORM**

SERIAL NO.....YEAR

INSTRUCTIONS:

1. GIVE CORRECT INFORMATION ONLY
2. INCOMPLETE FORMS WILL NOT BE ACCEPTED
3. DULY FILLED APPLICATION FORM SHOULD BE RETURNED TO THE WARD ADMINISTRATOR'S OFFICE ON OR BEFORE 15th NOVEMBER 2024.
4. DO NOT ACCEPT ANY OTHER APPLICATION FORM APART FROM THE OFFICIAL ONE WITH A WATERMARK
5. APPLICATION SHOULD BE DONE IN ONLY ONE WARD TO AVOID DISQUALIFICATION

APPLICATION DETAILS

DATE.....MONTH.....YEAR..... WARD.....

SUB-COUNTY/CONSTITUENCY..... LOCATION.....

SUB-LOCATION..... VILLAGE/ESTATE.....

(Note Carefully: Attach a copy/ copies of Parents/Guardian's ID Card)

PART A: STUDENT AND SCHOOL DETAILS

Surname Middle Others.....

SEX Male [] Female []

Name of the School/Vocational Training Centre/College/University.....

REG. NO /ADM. No.....Year of Study/FORM

(Note Carefully: The institution name should appear as it is in the fees PRO-FORMA)

PART B: SCHOOL LOCATION DETAILS (WHERE IS YOUR SCHOOL LOCATED)

REGION (e.g. Nairobi).....County..... Sub-County.....

Category of Secondary School: National [] Extra County [] County [] Day school []

Fees Balance Ksh. (Include previous balance for continuing students)

Give the details of the institution's Principal/Finance Officer/Bursar/Manager

a) PRINCIPAL/FINANCE OFFICER/BURSAR NAME.....

b) SCHOOL MOBILE NUMBER.....

NOTES

Please Attach a copy of the latest fees structure/fees statement

PART C: FAMILY/GUARDIAN INFORMATION

Parent/Guardian's name.....

Occupation / Profession..... Mobile No.....

Tick Appropriately:

Both my parents are alive [.....] Single parent [.....] Orphan [.....]

(Attach copy of death certificate/letter from the Chief/Asst. Chief if orphaned)

Briefly explain the reason for your inability to pay school fees.

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1. STUDENT'S DECLARATION.

I declare that to the best of my knowledge the information given herein is true.

Student's signature..... Date.....

2. PARENT'S / GUARDIAN'S DECLARATION

I declare that I have read this form/ has been read to me and I hereby confirm that the

Information given herein is true to the best of my knowledge.

Parent's/ Guardian's Name.....Signature.....

PART D: AREA CHIEF/SUB-CHIEF

Comment on the financial status of the family.....

.....

I declare that the information given herein is correct to the best of my knowledge

NameSignature.....stamp

PART E: WARD ADMINISTRATOR

Comments.....

Name.....Signature..... Date.....

(Official Stamp)

FOR OFFICIAL USE ONLY

Retention Enhancement Fund Awarded.... [] Not awarded..... []

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Secretary's Name.....Signature..... Date.....

Official Stamp