THE COUNTY GOVERNMENT OF MERU

DEPARTMENT OF EDUCATION, TECHNOLOGY, GENDER & SOCIAL DEVELOPMENT

Meru County Government
P.O. Box 120-60200

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

RETENTION ENHANCEMENT FUND 2021/2022

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 30TH AUGUST 2021.**
4. **DO NOT ACCEPT ANY OTHER APPLICATION FORM APART FROM THE OFFICIAL ONE**

APPLICATION DETAILS

DATE……MONTH……YEAR…… WARD……

SUB-COUNTY/CONSTITUENCY…… LOCATION……

SUB-LOCATION…… VILLAGE/ESTATE……..

PART A: STUDENT AND SCHOOL DETAILS

Surname …… Middle …….…….. Others…….……

SEX Male [ ] Female [ ]

Name of Secondary School/Vocational Training Centre/……

……

Date of Birth…… **REG/ADM. No**……**Year/ Class**……

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

SCHOOL LOCATION DETAILS

County…… **Sub-County**……**Ward**……..

School/Principal's/Finance/Manager's Mobile No……..

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

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Year 2021 Fee 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……..**

For those students joining Form 1: (Please attach joining instructions, for continuing students attach a certified fees structure and a report form)

PART B: FAMILY/GUARDIAN INFORMATION

Father's name……

Occupation / Profession……Mobile……

Mother's name…….

Occupation / Profession……Mobile…….

Tick Appropriately:
Both my parents are alive [ ] Single parent [ ] Orphan [ ]
If orphaned who pays your school fees? Guardian [ ] Sponsor/Well-wishers [ ] Others (Specify)……

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

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

……

……..

List the applicant's brothers and sisters who are in school and their fees balances:

NO	NAME OF THE STUDENT	AGE	SECONDARY SCHOOL/COLLEGE/UNIVERSITY	FEES BALANCE
1				
2				
3				
4				
5				

(Attach a copy of the latest report form)

1. **STUDENT'S DECLARATION.**

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

Student's signature…….. Date……

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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: RELIGIOUS LEADER/CHIEF/ASST. CHIEF

Comment on the financial status of the family…….

……

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

Name ……Signature……..stamp ……

PART E: WARD ADMINISTRATOR

Comments……

Name……Signature…… Date……

(Official Stamp)

FOR OFFICIAL USE ONLY

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

Reasons……

……

……

Amount awarded Kshs…….....Amount in words……

Chairman's Name …….Signature ……..… Date ……..……

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

Official Stamp by the Committee

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