

REPUBLIC OF KENYA
COUNTY GOVERNMENT OF NYAMIRA

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P.O BOX 434-40500,
NYAMIRA
058-6144288

OFFICE OF GENDER, YOUTH, SPORTS, CULTURE AND SOCIAL SERVICES

09/05/2015

APPLICATION FORM FOR THE COUNTY YOUTH EMPOWERMENT STIMULUS PROGRAMME

NAME.....ID NO.....CONTACT.....

NEAREST PUBLIC PRIMARY SCHOOL.....DATE OF BIRTH.....

**GENDER-MALE/FEMALE-----ABLE/DISABLED(Tick Appropriately)-----FATHER-
ALIVE/DEAD-----MOTHER ALIVE/DEAD-----**

**SUB-LOCATION-----LOCATION-----WARD-----SUB- COUNTY-----
VILLAGE-----**

K.C.P.E SCORE-----YEAR-----K.C.S.E SCORE-----YEAR----

K.C.S.E. SCHOOL-----K.C.P.E SCHOOL.....

TECHNICAL SKILL (e.g Masonry, Catering, Carpentry, etc)-----COLLEGE-----

PROFESSIONAL SKILL (e.g Teaching, Procurement, Accountancy, Engineering etc)-----COLLEGE-----

TALENT(e.g Dancing, Singing, Sports, Comedian e.t.c)_____

Declaration by applicant

I have read the requirements of participation and eventual empowerment youth trainees to this extent I have accepted the conditions set and promise to offer my energy, time, skill and profession besides taking part in positive leisure in competitive sports, drama and music.

Signed-----Name-----

Date-----Id No-----