

NATIONAL GOVERNMENT CONSTITUENCIES DEVELOPMENT FUND
BURSARY APPLICATION FORM FOR STUDENTS IN UNIVERSITY, COLLEGES, TVET AND
VOCATIONAL INSTITUTIONS

RUNYENJES CONSTITUENCY 2024

SERIAL NO: NG-CDF/064

NO/BURS/.....

INSTRUCTIONS: kindly provide your information in legible CAPITAL letters.

NB: Submission of incomplete form may lead to disqualification.

PART A: TO BE FILLED BY THE APPLICANT/PARENT/GUARDIAN

1. Personal, institutional and other details.

| | |
|--|------------------------|
| FULL NAME OF THE STUDENT (as it appears in ID/official documents) | |
| Gender | |
| Name of institution | |
| Adm./Reg. No | |
| Student Id. No. | |
| Year | |
| Level of education ie. Degr. Dip,Cert,etc | |
| Expected year and month of completion | Month Year |
| Mobile no./Tel. no. | |
| Physical address | |
| Location | |
| Sub-location | |
| Ward | |
| Amount applied for (ksh | |
| | |

(Where applicable, please attach the relevant supportive documents including the following (letter of admission, fees structure, recommendations)

II. FAMILY BACKGROUND (tick where applicable)

Kindly indicate your family status:

| | |
|--------------------------------------|--|
| Total orphan | |
| Partial orphan | |
| Single Parent | |
| Both parents alive | |
| Other (state) | |
| Number of siblings (alive) | |
| Estimated family income (annually) | |
| Estimated family expenses (annually) | |

Attach photocopies of death certificate(s) and verification letters from the area chief/assistant chief where applicable.)

a) Father

Name Address

Tel. no. Occupation

Type of employment (tick where applicable)

Permanent ()

Contractual ()

Casual ()

Retired ()

Self- employed ()

None ()

Main source of income

b) Mother

Name Address

Tel. no. Occupation

Type of employment (tick where applicable)

Permanent ()

Contractual ()

Casual ()

Retired ()

Self- employed ()

None ()

Main source of income

c) Guardian

Name Address

Tel. no. Occupation

Type of employment (tick where applicable)

Permanent ()

Contractual ()

Casual ()

Retired ()

Self- employed ()

None ()

Main source of income

d) Indicate the names of siblings in school/college/university this year

| Name | Secondary School | Colleges | University | Annual Fees Payable |
|------|------------------|----------|------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

iii. APPLICANT`S ADDITIONAL INFORMATION

a) Why are your applying for a bursary?

b) Have you ever received any financial support/bursaries from NG-CDF in the past?
 Yes () No ()

If yes, specify how much and when you last received the support.

c) Have you received any financial support/bursaries from other organizations in the past? Please provide details.....

d) Do you suffer from any physical impairment (disability)
 Yes () No ()

e) Do you have any other disability or any chronic illness? If yes, kindly describe and provide evidence.
 Yes () No ()

f) Does any of your parents/guardian suffer from any other chronic disabling medical condition? Describe Yes () No ()

If yes, describe the disability

.....

IV) EDUCATION FUNDING HISTORY

i) State the main source of funding for your education in the past (fill where applicable)

a) In secondary school.....

b) In college.....

c) In university.....

ii) Indicate other source of funding if any.

a) In secondary school.....

b) In college.....

c) In university.....

PART B: APPLICANT'S ACADEMIC PERFORMANCE

a) What is your average academic performance?

i. Excellent ()

ii. Very good ()

iii. Good ()

iv. Fair ()

v. Poor ()

b) Have you been sent away from the school? If yes

No.....

If yes provide reason for your

absence.....

c) Specify number of weeks you stayed away from the school.....

d) Annual fees (as per fee structure)

ksh.....

e) Last term fee balance

- f) This term fees.....
- g) Next term fees

REFEREES

The students/parent/guardian should provide the names and telephone contacts of at least two referees who know the family well.

1. Name
 Address
 Telephone
2. Name
 Address
 Telephone

STUDENT`S/PARENT`S/GUARDIAN`S DECLARATION

I hereby declare that the information provided herein is true to the best of my knowledge and belief, and I understand that any false information provided shall lead to my automatic disqualification by the committee.

Applicant full name.....

Signature

Date

I hereby declare that the information provided herein is true to the best of my knowledge and belief, and I understand that any false information provided shall lead to my automatic disqualification by the committee.

Guardian s/parent full name.....

Signature

Date

VERIFIED BY:

- a) **Religious leader**
 Full name
 Name of religion.....
 Type of religion

Christian () muslim () hindu () other () if other specify
.....

Recommendation:

Recommended

Not recommended ()

Remarks

Signature

Official stamp Date.....

b) Chief/assistant chief

Name of area Chief/Assistant

Chief.....

Location/sub location.....

Recommendation:

Recommended ()

Not recommended ()

Justification

.....
.....
.....

Signature date

Official stamp.....

FOR OFFICIAL USE ONLY (to be filled by NG-CDF committee)

The form was duly filled and signed yes () no ()

All supportive documents have been attached yes () no ()

Recommended for approval ()

Not recommended for approval ()

Reasons for non-approval.....
.....

Signed:

Chairman Date

Secretary Date

KEY ATTACHMENTS TO THE FORM

Applicants must attach copies of the relevant documents including the following:-

1. Students transcript/report form
2. Photocopy of parent`s/guardian ID card
3. Photocopy of birth certificate
4. Parent (s) death certificate of burial permit (for orphans)
5. Student national ID
6. Student school ID
7. For PWD provide DISABILITY CARD
8. Any other relevant supportive document