NATIONAL GOVERNMENT CONSTITUENCIES DEVELOPMENT FUND

BURSARY APPLICATION FORM FOR STUDENTS IN UNIVERSITY, COLLEGES, TVET AND VOCATIONAL INSTITIUTIONS

RUNYENJES CONSTITUENCY 2026

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.*

FULLL 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