

National Government Constituencies Development Fund Board Nyatike Constituency

NG- CDF Office Building Wath Ong'er Trading Centre

Macalder, Kenya

Tel: 0727-606-394/0725-833-202

Email: ngcdfnvatike@ngcdf.go.ke / Website: www.cdf.go.ke

S/ No.....

2021/2022 FY

BURSARY APPLICATION FORM

INSTRUCTIONS: Kindly provide your information in legible CAPITAL letters.

NB: Submission of incomplete form may lead to disqualification.

All duly filled forms should be delivered, on or before 10th of January 2022, at the NG-CDF Office at Wath Ong'er for processing.

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

. Personal, Institutional and Other De	tails		
Name of Student (as it appears in ID/of	ficial documents):		
GENDER: MALE()	FEMALE()(tick appropriately)	
DATE OF BIRTH	(ddmmyy)	ID. NO./PASSPOR	RT NO
NAME OF SCHOOL / COLLEGE / UNIVE	ERSITY:		
ADMISSION/REGISTRATION NUMBER	:		
CAMPUS/ BRANCH: (for tertiary institu	tion and University)		
FACULTY / DEPARTMENT: (for tertiary	institution and Unive	ersity)	
COURSE OF STUDY: (for tertiary institu	tion and University).		
MODE OF STUDY: Regular () Paralle	1() Boarding()	Day()	(tick appropriately)
CLASS / GRADE/ YEAR OF STUDY:		COURSE DURATI	ON: (in years)
EXPECTED YEAR AND MONTH OF COM	APLETION:		(MMYY)
MOBILE /TELEPHONE NUMBER:			
POLLING STATION:		WARD:	
LOCATION:		SUB LOCATION:.	
PHYSICAL ADDRESS:			
PERMANENT ADDRESS:			
INSTITUTION'S POSTAL ADDRESS:			
INSTITUTION'S TELEPHONE NUMBER:.			
AMOUNT APPLIED FOR (Kshs.):			

(Attach support documents including letter of admission, fees structure and recommendations)

ii.	FAMILY B	ACKGROUND (Tick	c appropriately)	
	Kindly inc	licate your family sta	atus:	
	Both Pare	nts Dead ()		
	One Parei	nt Dead ()		
	Both Pare	nts Alive ()		
	Single Par	rent ()		
	Others (s			
		of siblings (alive)		
			(annually Kshs.)	
			(annually Kshs.)	
	Attach si	inport documents es	- death certificate / a verific	ation letter from area chief/sub chief
		ather		
				Address:
				Occupation:
		ype of employment		
	-	Permanent	()	
		Contractual	()	
		Casual	()	
		Retired	()	
		Self employed	1()	
		None	()	
		Main source	of income	
	b) i	Mother		
		Full Name:		Address:
		Telephone Number:		Occupation:
	1	Type of employment	(Tick appropriately)	
		Permanent	()	
		Contractual	()	
		Casual	()	
		Retired	()	
		Self employed	d ()	
		None	()	
		Main source	of income	

	c)	Guardian					
		Full Name:			Addı	ess:	
		Telephone Number:			. Occi	apation:	
		Type of employment	(Tick approp	oriately)			
		Permanent	()				
		Contractual	()				
		Casual	()				
		Retired	()				
		Self employed	d ()				
		None	()				
	Main	source of income					
		Provide the names of					
S/No.	Nam			Secondary			
1				J			
2					-		
3							
4							
5							
6							
7						-	
8							
9							
10							
Attach	a sepa	arate sheet in the same	format when	re necessary			
iii.	APPLI	icant's additional	INFORMATI	ON			
a)							
5400							
b)		you received any finan					Secretary of the secretary of the second of
		, specify how much an				_	200 (7 110. ()
c)	c) Have you received any financial support / bursaries from other organizations in the past? Yes ()						
		, please provide details				O	is in the past: 1es () No. ()
					•••••		
d)		ou suffer from any phy					
		, please provide details				()	
3 P a	g e						

e)	Do you suffer from any chronic illness? Yes () No. () If yes, please provide details / evidence
f)	Do your parents / guardians have any form of disability? Yes () No. ()
	If yes, please describe the disability.
(۵	
g)	Do your parents / guardians suffer from any chronic illness? Yes () No. ()
	If yes, please provide details
4.	EDUCATION FUNDING HISTORY
i).	state the main source of funding for your education in the past as below:
a)	In secondary school
b)	In college
c)	In the university
ii).	Indicate other sources of funding if any
a)	In secondary school
b)	In college
c)	In the university

a). W	hat is your avera	age academic perfor	mance?			
Ex	ccellent ()	Very Good ()	Good ()	Fair ()	Poor ()	
b). ha	ive you been sen	it away from school?	Yes () No ()		
if yes,	, provide reason	s for your absence				
c). Sp	ecify the numbe	er of weeks you staye	ed away from sc	hool		•
d). Ar	nnual fees as pei	fees structure Kshs.				
e). La	st semester's / T	erm's fee balance Ks	shs			
f). Th	is semester's / T	erm's fee balance Ks	shs			
g). No	ext semester's /	Term's fee balance K	Shs			
h). Lo	oan from HELB (where applicable)				
			ovide the name	s and telephon	e contacts of at	least two referees who
1	Name					
2.	170					
	Telephone Nu	mber				
	C DECLARATIO					
) STUDENT'S DE	eclaration we read this form / th	ais farm has bee	n read to me a	nd I haraby co	afinm that the
		herein is true to the				
		ded shall lead to my				d that any raise
	-	e				
Sti	agent's Signature	E		. Date		
(2)) PARENT'S / GU	JARDIAN'S DECLARA	ATION			
I d	eclare that I hav	re read this form / th	is form has bee	n read to me a	nd I hereby cor	nfirm that the
		herein is true to the				d that any false
	•	led shall lead to disq				
Par	rent's /Guardiar	ı's Name		Date		Sign

PART B: APPLICANT'S ACADEMIC PERFORMANCE

Verified by: a). Religious leader Name of religion: Type of religion: Christian () Muslim () Hindu () Any other () (tick appropriately) If other specify Comment on the status of the family / parents of the applicant I CERTIFY THAT THE INFORMATION GIVEN HEREIN IS TRUE SIGNATURE DATE & OFFICIAL STAMP NAME b). Chief / Assistant chief Name of the area chief / Assistant chief Location / sub location..... Comment on the status of the family / parents of the applicant I CERTIFY THAT THE INFORMATION GIVEN HEREIN IS TRUE DATE & OFFICIAL STAMP **SIGNATURE** PART E: FOR OFFICIAL USE BY THE POLLING STATION VETTING COMMITTEE This form was dully filled and signed Yes () All support documents hav been attached Yes () Not recommended () (tick appropriately) Recommended for Bursary () Reasons for non recommendation Polling station vetting committee members Chairperson's Name Date Signature Secretary's Name Date Signature Member Name Date Signature

PART D VERIFICATIONS

PART F: FOR OFFICIAL USE BY THE CONSTITUENCY EDUCATION BURSARY SUB COMMITTEE

Recommended for Bursary av	ward ()	Not recommended f	for Bursary award ()	(tick appropriately)
Bursary awarded Kshs		Rea	asons	
Secretary's Name				
Date	Signature		OFFICIAL	STAMP

KEY ATTACHMENTS TO THE FORM

Applicants MUST attach copies of the relevant documents including the following:

- 1. Students' transcript / Report Form
- 2. Photocopy of parents' / guardians National Identity Card
- 3. Photocopy of students' National Identity Card (mandatory for post school students)
- 4. Photocopy of birth certificate
- 5. Photocopy of the secondary / college / university ID card
- 6. Parents death certificate / burial permit (mandatory for orphans)
- 7. Current fees structure (mandatory for all applicants)
- 8. Admission letters (mandatory for colleges and universities)