



Serial No.

**NATIONAL GOVERNMENT CONSTITUENCIES
DEVELOPMENT FUND**

**KITUTU CHACHE NORTH CONSTITUENCY
POST-SECONDARY BURSARY APPLICATION FORM FY 2023/2024**

Guidelines on disbursement of bursary

1. Kitutu Chache North NG-CDF Committee shall decide the ceiling of **EDUCATION BURSARY** allocation for each financial year.
2. Applicants **MUST** be bonafide residents of **KITUTU CHACHE NORTH CONSTITUENCY**.
3. Application forms can be obtained from Kitutu Chache North NG-CDF office, Marani.
4. Duly filled forms shall be returned to the NG-CDF offices for vetting by the Constituency NG-CDF Bursary Subcommittee.
5. The Bursary Subcommittee shall forward all the vetted application forms in order of **MERIT/PRIORITY** (most needy cases) to the Kitutu Chache North NG-CDF Committee for final allocation and disbursement of funds.
6. **THE DECISION OF THE KITUTU CHACHE NORTH NG-CDF COMMITTEE SHALL BE FINAL.**
7. Application forms must be accompanied with photocopies of
 - a. National Identity Card
 - b. Institutional/Student's Identity Card
 - c. Admission letter to the relevant institution and/or authentic document(s) showing admission/registration number
 - d. Current Fees Structure
 - e. **And other key documents as indicated on the form.**
8. Application will not be processed if the form is not dully filled or sufficient photocopied attachments have not been attached.
9. Names of successful applicants shall be displayed for public viewing at the NG-CDF offices and other public places.
10. Bursary cheque for successful applicants will be sent directly to the respective institutions **BUT NOT** to individuals.

***FILLED APPLICATION FORMS WILL BE RECEIVED AT THE NG-CDF OFFICES ON
31ST JANUARY 2024***

INSTRUCTIONS: Kindly provide your information in legible CAPITAL letters

NB: Submission of an incomplete form may lead to disqualification. All dully filled forms to be delivered to the NG-CDF Offices at Marani.

TO BE FILLED BY THE APPLICANT/PARENT/GUARDIAN

I. Personal, Institutional and Other Details	
Full Name of Student (As it appears in ID/Official documents)	
Gender	
Date of Birth	
ID Number/Passport No. (Where applicable)	
Name of College/University	
Campus/Branch	
Adm. No/ Reg. No.	
Level of Education (Certificate, Diploma, Degree, Masters, PhD, Others)	
Mode of study	Regular () Parallel ()
Academic Year/Semester/Term	
Course Duration (Years)	
Expected Year and month of Completion	Month Year.....
Mobile No./Tel No.	
Physical Address	
Permanent Address	
Location	
Sub Location	
Ward	
Institution's Postal Address	
Institution's Tel No	
Amount Applied for (Kshs)	

Where applicable, please attach the relevant supportive documents including the following: letter of admission, Fees structure, Recommendations

I. FAMILY BACKGROUND (Tick where applicable)	
Total Orphan <input type="checkbox"/>	Partial Orphan <input type="checkbox"/> Single Parent <input type="checkbox"/> Both Parents Alive <input type="checkbox"/>
Learner with Special Needs <input type="checkbox"/>	Parent(s) are PLWD <input type="checkbox"/> Other
(State).....	
Number of siblings (Alive)	
(Attach Photocopies of death certificate(s) and verification letters from the area chief/assistant chief where applicable)	
Name of father	Mobile no.
Name of mother	Mobile no.
Name of guardian	Mobile no.

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's 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 automatic disqualification of the student.

Guardian's/Parent's Full Name.....
Signature.....
Date.....

VERIFIED BY: Chief/Assistant Chief

Chief/Assistant Chief

Name of Area Chief/Assistant Chief.....
Location/Sub location.....

Recommendation:

Recommended () Not Recommended ()

Justification:.....

Signature..... Date.....

Official Stamp.....

TO BE FILLED AND STAMPED BY RELEVANT INSTITUTIONAL AUTHORITY

Name of Institution.....Tel.
Postal address..... Physical Address.....
.....

I declare that is a student at this institution whom my comments are:

Level of need

Discipline

Academic performance:

I certify that the above information is correct

Name..... Signature..... Date.....

(Official stamp)

Designation.....

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/Guardian National ID Card
3. Photocopy of Student's National ID Card (Mandatory for post-school students)
4. Photocopy of Birth Certificate
5. Photocopy of the College/University ID Card
6. Parent (s) Death Certificate or Burial Permit (*For Orphans*)
7. Current fees structure (*Compulsory for all applicants*)
8. Institution Admission letters (*Compulsory for Colleges/University Students*)
9. Any other relevant supportive document

(Please note that this form will not be received and processed by the Kitutu Chache North NG-CDF office if not dully filled or the appropriate photocopied documents attached.)

FOR OFFICIAL USE ONLY (To be filled by NG-CDF Bursary Committee)

RECEIVED BY SIGNATURE..... DATE.....

The form was duly filled and signed Yes () No ()

All supportive documents have been attached Yes () No ()

Recommended for approval ()

Not recommended for approval ()

Reason for non-approval

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Signed:

Chairman Date.....

Secretary Date.....

Kitutu Chache North NG-CDF