



NG - CDF Dadaab Bursary

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PART A: INSTRUCTION

1. The constituency bursary scheme has limited available funds and is meant to support only the very needy cases.
Persons who are able are not expected to apply.
2. It is an offense to give false information and once discovered will lead to disqualification.
3. Total and Partial orphans MUST present supporting documents from the area chief or Religious Leader.
4. All forms shall be uploaded to Dadaab Constituency Online CDF Application Portal not later than September 07, 2024.
NB: Any form returned after the stipulated period shall not be accepted whatsoever.
5. Successful applicants will have the awarded bursary paid directly to university or college.
6. All information provided will be verified with the relevant Authority(s).
7. Applicants must upload the completed form along with supporting documents to the Dadaab Constituency CDF Portal.

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

i. Personal, Institutional and Other Details

NAME OF STUDENT (AS IT APPEARS IN ID/OFFICIAL DOCUMENTS):Mohammad Mohamud Abdullahi.....

GENDER:.....male.....

DATE OF BIRTH:.....2023-09-06.....

ID number:.....Vel voluptatem Prov.....

NAME OF SCHOOL /COLLEGE / UNIVERSITY:.....KENYATTA UNIVERSITY.....

ADMISSION/REGISTRATION NUMBER:.....Unde in error dolore.....

CAMPUS/ BRANCH: (for tertiary institution and University).....Aliquam voluptate pa.....

FACULTY/ DEPARTMENT: (for tertiary institution and University).....Odit necessitatibus.....

COURSE OF STUDY: (for tertiary institution and University).....Anim aliquid nostrud.....

MODE OF STUDY:.....regular.....

CLASS/GRADE/YEAR OF STUDY:.....1973.....

COURSE DURATION:.....Esse omnis sint dol.....

EXPECTED YEAR AND MONTH OF COMPLETION:.....2005.....

MOBILE/TELEPHONE NUMBER:.....Eum voluptas alias c.....

POLLING STATION:.....Lucas Ballard.....

WARD:.....Voluptas rerum in ex.....

LOCATION:.....Cupidatat non enim f.....

SUB LOCATION:.....Vel anim voluptatum.....

PHYSICAL ADDRESS:.....Veniam rerum placea.....

PERMANENT ADDRESS:.....Deserunt Nam iure hi.....

INSTITUTION'S POSTAL ADDRESS:.....Quia ut est dui eve.....

INSTITUTION'S TELEPHONE NUMBER:.....+1 (581) 272-1196.....

AMOUNT APPLIED FOR (Kshs):.....63.....

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

ii. FAMILY BACKGROUND

Kindly indicate your family status:.....Others.....

Number of siblings (alive):.....370.....

Estimated Family income:.....916.....(annually Kshs.)

Estimated Family expense:.....5.....(annually Kshs.)

Attach support documents eg- death certificate / a verification letter from area chief/sub chief

a) Father

Full Name:.....Hyatt Burt.....

Address:.....Laborum sed qui repe.....

Telephone Number:.....Odit eos assumenda

Occupation:.....Dolores quidem praes.....

Type of employment:.....Casual.....

Main source of income:.....298.....

b) Mother

Full Name:.....Anthony Downs.....

Address:.....Vel dolor nemo deser.....

Telephone Number:.....+1 (549) 395-6312.....

Occupation:.....Aliqua Temporibus m.....

Type of employment:.....Contractual.....

Main source of income:.....912.....

c) Guardian

Full Name:.....Theodore Daniels.....

Address:.....Incidunt sunt esse.....

Telephone Number:.....+1 (297) 803-5573.....

Occupation:.....Architecto facere el.....

Type of employment:.....Self Employed.....

Main source of income:.....183.....

d) Provide the names of siblings in school/ college/ university this year in the table below

S/No.	Name	Institution	Annual fees payable (Kshs.)
1	Brynn Ray	college	99

iii. APPLICANT'S ADDITIONAL INFORMATION

a). Why are you applying for bursary assistance?.....Consequatur quae dol.....

b). Have you received any financial support / bursaries from NG-CDF in the past?.....Labore pariatur Ips.....

c). Have you received any financial support bursaries from other organizations in the past?.....Voluptas sit
irure

d). Do you suffer from any physical impairment (disability) ?.....Veritatis quae velit.....

e). Do you suffer from any chronic illness?.....Iusto aut aliqua Pr.....

f). Do your parents/guardians have any form of disability?.....No.....

g). Do your parents/guardians suffer from any chronic illness?.....Aut nostrum quo offi.....

EDUCATION FUNDING HISTORY

i). State the main source of funding for your education in the past as below:

In secondary school.....Aspernatur quo qui q.....

In college.....Iure et tenetur assu.....

In the university.....Amet vel culpa sit.....

ii). Indicate other sources of funding if any:

In secondary school.....Amet vel culpa sit.....

In college.....Hic vitae laborum C.....

In the university.....Sint in nihil lorem.....

APPLICANT'S ACADEMIC PERFORMANCE

a). What is your average academic performance?.....Good.....

b). Have you been sent away from school?.....I have not been Sent Away.....

c). Specify the number of weeks you stayed away from school.....0.....

d). Annual fees as per fees structure Kshs.....14.....

e). Last semester's/Term's fee balance Kshs.....94.....

f). This semester's/Term's fee balance Kshs.....54.....

g). Next semester's/Term's fee balance Kshs.....49.....

h). Loan from HELB (where applicable).....24.....

REFEREES

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

1). Name.....Russell Blankenship.....

Address.....Autem corrupti eius.....

Telephone no.....412.....

2). Name.....Jaden Gibson.....

Address.....Quis non quis qui di.....

Telephone no.....247.....

PART C: DECLARATIONS

(1) STUDENT'S DECLARATION

I declare that I have read this form/ this form has been read to me and I hereby confirm that the information given herein is true to the best of my knowledge and belief; I understand that any false information provided shall lead to my automatic disqualification by the committee.

Student's Signature:.....

Date:.....

(2) PARENT'S / GUARDIAN'S DECLARATION

I declare that I have read this form/ this form has been read to me and I hereby confirm that the information given herein is true to the best of my knowledge and belief; I understand that any false information provided shall lead to disqualification of the student by the committee.

Parent's /Guardian's Name:..... Date..... Sign:.....

PART D: VERIFICATIONS

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

NAME:..... SIGNATURE..... DATE & OFFICIAL STAMP:.....

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

SIGNATURE..... DATE & OFFICIAL STAMP:.....

PART E: FOR OFFICIAL USE BY THE POLLING STATION VETTING COMMITTEE

This form was dully filled and signed: Yes () No ()

All support documents hav been attached: Yes () No ()

Recommended for Bursary: Yes () No ()

Reasons for non recommendation
:.....

Member Name:..... Date..... Signature:.....

STAMP

Produced By: CDF Office representing the Dadaab Constituency