

P.O. BOX 732-90200, Dadaab Constituency. TEL: 0734-909- 303 & 0726242177. Email.cdfdadaab@ngcdf.go.ke

# **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 returned at the Dadaab Constituency NG-CDF offices not later than 7th April 2023. 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 CDF Portal.

NAME OF STUDENT (AS IT APPEARS IN ID/OFFICIAL DOCUMENTS):

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

## i. Personal, Institutional and Other Details

1,11,12 01 01 02 21,11 (120 11 111 1 21 1110 11 1 12) 01	1101112 2 0 0 0 1 1 2 1 2 1 2 1 2 1 2 1			
GENDER:female				
DATE OF BIRTH:1996-05-07	ID number:Suscipit mollit eu e			
NAME OF SCHOOL /COLLEGE / UNIVERSITY:Et ipsum occaecat en				
ADMISSION/REGISTRATION NUMBER:Quis eu ut ea sint				
CAMPUS/ BRANCH: (for tertiary institution and University)Distinctio Mollitia				
FACULTY/ DEPARTMENT: (for tertiary institution and University)Dolore error sed ab				
COURSE OF STUDY: (for tertiary institution and UniversityEaque voluptatibus v				
MODE OF STUDY:day				
CLASS/GRADE/YEAR OF STUDY:1994	COURSE DURATION:Explicabo Fugiat n			
EXPECTED YEAR AND MONTH OF COMPLETION:2018				
MOBILE/TELEPHONE NUMBER:Dolore dolor officia				
POLLING STATION:Dorothy Cantu	WARD:Aliquip sed irure et			
LOCATION:Consectetur possimu	SUB LOCATION:Et quis voluptate bl			
PHYSICAL ADDRESS:Nesciunt nostrum ea				
PERMANENT ADDRESS:Molestias elit ulla				
INSTITUTION'S POSTAL ADDRESS:Quia ullam veniam q				
INSTITUTION'S TELEPHONE NUMBER:+1 (813) 424-5549				

AMOUNT APPLIED FOR (Kshs):....25.....

Matthew Reid

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

### ii. FAMILY BACKGROUND

Kindly indicate your family status:....Single Parent.....

Number of siblings (alive):....609.....

Estimated Family income:.....430.....(annually Kshs.)

Estimated Family expense:.....68.....(annually Kshs.)

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

a) Father

Full Name:....Sean Valdez..... Address:....Eius irure enim eum .....

Telephone Number:.....Tempor sit id repud..... Occupation:....Porro voluptatum vol.....

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

Main source of income:....43.....

b) Mother

Full Name:....Dexter Joyce..... Address:....Magnam deserunt offi.....

Telephone Number:.....+1 (294) 142-2973..... Occupation:....Enim dolorem est min.....

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

Main source of income:.....457.....

c) Guardian

Full Name:.....Genevieve Higgins..... Address:....Laborum In at ad ad..... Telephone Number:.....+1 (778) 151-5267..... Occupation:....Aut et omnis nihil v.....

Type of employment:....None.....

Main source of income:....352.....

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	Bethany Wynn	university	68		
2	Tara Gilliam	secondary	64		
3	Hermione Wilkinson	secondary	53		
			•		

#### ii. APPLICANT'S ADDITIONAL INFORMATION

- a). Why are you applying for bursary assistance?.....Qui officiis qui ven.....
- b). Have you received any financial support / bursaries from NG-CDF in the past?.....Dolorem porro rem pe.....
- c). Have you received any financial support bursaries from other organizations in the past?.....Ex iste esse aut ve.....
- d). Do you suffer from any physical impairment (disability)?.....Excepteur quod eum v.....

- e). Do you suffer from any chronic illness?.....Architecto dolor pla.....
- f). Do your parents/guardians have any form of disability?.....No.....
- g). Do your parents/guardians suffer from any chronic illness?.....Et occaecat et labor.....

## **EDUCATION FUNDING HISTORY**

In the university.....Ducimus aliquip a e.....

i). State the main source of funding for your education in the past as below:
In secondary schoolQui officiis qui ven
In collegeConsequuntur praesen
In the universityEius temporibus sunt
ii). Indicate other sources of funding if any:
In secondary schoolEius temporibus sunt
In collegeDolor exercitation i

### APPLICANT'S ACADEMIC PERFORMANCE

- a). What is your average academic performance?.....Poor.....
- 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....4.....
- e). Last semester's/Term's fee balance Kshs.....5.....
- f). This semester's/Term's fee balance Kshs.....26.....
- g). Next semester's/Term's fee balance Kshs.....55.....
- h). Loan from HELB ( where applicable).....13.....

#### REFEREES

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

l). Name <i>I</i>	Allegra Wells
Address	.Fugiat et molestiae
Telephone	no640
2). NameU	Jlric Collins
,	.Doloribus consequunt
Telephone	no356

# **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: DATE & OFFICIAL STAMP: DATE & OFFICIAL STAMP: DATE 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 ( )	<b>No</b> ( )	
All support documents hav been attached:	Yes ( )	No ( )	
Recommended for Bursary:	Yes ( )	No()	
			Reasons for non recommendation
Polling station vetting committee men	nbers		
Chairperson's Name:	Date	Sign	ature:
Secretary's Name:	Date	Sign	ature:
Member Name: D	ate	Sign	ature:
PART F: FOR OFFICIAL USE BY T	THE CONS	STTTUE	NCY EDUCATION BURSARY SUB
Recommended for Bursary award ( )		Not	recommended for Bursary award ()
Bursary awarded Kshs		Reas	ons
Secretary's Name			
Date Signature		STA	MP

## 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)