

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.

### 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): .....Matthew Reid..... 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 University.....Eaque 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.....

(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**

i). State the main source of funding for your education in the past as below:				
In secondary schoolEx atque quod dolor				
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				
In the universityDucimus aliquip a e				
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 school0				
d). Annual fees as per fees structure Kshs4				
e). Last semester's/Term's fee balance Kshs5				
f). This semester's/Term's fee balance Kshs26				
g). Next semester's/Term's fee balance Kshs55				
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				
1). NameAllegra Wells				
AddressFugiat et molestiae				
Telephone no640				
2). NameUlric Collins				
AddressDoloribus consequunt				
Telephone no356				

## **PART C: DECLARATIONS**

## (1) STUDENT'S DECLARATION

I declare that I have read this form/ this form has because that I have read this form.	been read to me and I hereb	y confirm that the
information given herein is true to the best of my		
information provided shall lead to my automatic d	lisqualification by the comm	nittee.
Student's Signature:	Date:	
(2) PARENT'S / GUARDIAN'S DECLA	ARATION	
I declare that I have read this form/ this form has beinformation given herein is true to the best of my information provided shall lead to disqualification	knowledge and belief; I und	lerstand that any false
Parent's /Guardian's Name:	Date	Sign:
PART D: VERIFICATIONS		
Verified by:		
a). Religious leader:		
Name of religion:		
Type of religion: Christian ( ) Muslim ( ) Hindu ( If other specify		riately)
Comment on the status of the family / parents of the		
I CERTIFY THAT THE INFORMATION GIVEN	N HEREIN IS TRUE	
NAME: SIGNATURI		FFICIAL 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	he applicant	
I CERTIFY THAT THE INFORMATION GIVEN	N HEREIN IS TRUE	
SIGNATURE	DATE & OFFICIAL ST	га МР•
D1011/11 UIL	DUIT & OLLICIVE 91	L / 11711

### 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		
			·		
Polling station vetting committee mer	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 CON	STTTUE	ENCY EDUCATION BURSARY SUB		
Recommended for Bursary award ( )		Not	recommended for Bursary award ()		
Bursary awarded Kshs			Reasons		
Secretary's Name					
DateSignature		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)