

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

FFICIAL DOCUMENTS):Suleiman Zeila							
ID number:36534131							
NAME OF SCHOOL /COLLEGE / UNIVERSITY:Kenyatta University							
ADMISSION/REGISTRATION NUMBER:Js343/23423/2023							
CAMPUS/ BRANCH: (for tertiary institution and University)City Campus							
FACULTY/ DEPARTMENT: (for tertiary institution and University)Engineering							
JniversityM. Sc. Computer Science							
MODE OF STUDY:regular							
CLASS/GRADE/YEAR OF STUDY:2023/2024COURSE DURATION:2 years							
EXPECTED YEAR AND MONTH OF COMPLETION:2024							
MOBILE/TELEPHONE NUMBER:0724065493							
WARD:Labasigale							
SUB LOCATION:Labasigale							
INSTITUTION'S POSTAL ADDRESS:1212							
INSTITUTION'S TELEPHONE NUMBER:1213							

AMOUNT APPLIED FOR (Kshs):.....428760.....

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

ii. FAMILY BACKGROUND

Kindly indicate your family status:....One Parent Dead.....

Number of siblings (alive):/							
Estimated Family income:11243(annually Kshs.)							
Estimated Family expense:54234(annually Ks	hs.)						
Attach support documents eg- death certificate / a ve	erification letter from area chief/su	ıb chief					
a) Father							
Full Name:Ignacia Rowland	Address:Eos eius ut quo eum	•••••					
Telephone Number:Ratione optio cupid	Occupation:Nisi dolor quia in	q					
Type of employment:Self Employed							
Main source of income:421234							
b) Mother							
Full Name:Kevyn Perry	Address:Ullamco accusantiun	n					
Telephone Number:+1 (726) 464-6396	Occupation:Quia id rerum eni	m					
Type of employment:Permanent	•						
Main source of income:33234							
a) Cwardian							
c) Guardian	Address I shows at delegan						
Full Name:Farrah Abbott	Address:Laboris et dolorem e						
Telephone Number:+1 (576) 677-4771	Occupation:Est cillum explica	abo					
Type of employment:Permanent							
Main source of income:667234							
d) Provide the names of siblings in school/ college/u	university this year in the table be	low					
S/No Name	Institution	Annual fees payable (Ksh					

ii. APPLICANT'S ADDITIONAL INFORMATION

a). Why are you applying for bursary assistance?.....Fugit consequatur a.....

Raphael Townsend

Jamal Trevino

Carson Watson

Henry Bray

Silas Allen

Azalia Carey

b). Have you received any financial support / bursaries from NG-CDF in the past?.....Nisi sapiente autem

university

university

university

secondary

college

college

c). Have you received any financial support bursaries from other organizations in the past?.....Not Received.....

2

3

4

5

6

56

92

83

91

54

5

- d). Do you suffer from any physical impairment (disability) ?.....Eos optio explicab.....
- e). Do you suffer from any chronic illness?....Laborum adipisicing
- f). Do your parents/guardians have any form of disability?.....Ea nobis officia odi.....
- g). Do your parents/guardians suffer from any chronic illness?.....Ad duis a est odio c.....

EDUCATION FUNDING HISTORY

i)	. State the	main	SOUTCE	$\alpha f f$	inding	for v	our	education	in	the	nast	26	hel	OM.
1,	. State the	mam	Source	$\mathbf{o}_{\mathbf{I}}$	unumg	י וטו	your	cuucanon	ш	uic	pasi	as	vc_1	Uw.

In secondary school.....Non ea eum rem in do.....

In college.....Doloremque aliquip e.....

In the university.....Ex neque doloremque

ii). Indicate other sources of funding if any:

In secondary school.....Ex neque doloremque

In college.....Iure corrupti in se.....

In the university.....Et totam et hic moll.....

APPLICANT'S ACADEMIC PERFORMANCE

- a). What is your average academic performance?.....Good.....
- b). Have you been sent away from school?.....Esse deserunt simil.....
- c). Specify the number of weeks you stayed away from school.....69.....
- d). Annual fees as per fees structure Kshs.....69.....
- e). Last semester's/Term's fee balance Kshs.....27.....
- f). This semester's/Term's fee balance Kshs.....93.....
- g). Next semester's/Term's fee balance Kshs.....71.....
- h). Loan from HELB (where applicable).....21.....

REFEREES

4 > 3.7

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

1)	. NameInez Hess
	AddressLabore enim officiis
	Telephone no747
2)	. NameFelix Stout
	AddressAd amet modi est as
	Telephone no321

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 ()	No ()	
All support documents hav been attached:	Yes ()	No ()	
Recommended for Bursary:	Yes ()	No()	
			Reasons for non recommendation
			·
Polling station vetting committee men	mbers		
Chairperson's Name:	Date	Signa	ature:
Secretary's Name:	Date	Signa	ature:
Member Name: D	D ate	Signa	ature:
PART F: FOR OFFICIAL USE BY	THE CON	STTTUE	NCY EDUCATION BURSARY SUB
Recommended for Bursary award ()		Not 1	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)