

S.NO



FORM SHOULD NOT BE PHOTOCOPIED

FORM NOT FOR SALE

S.NO

NG - CDF MATHIOYA

FORM A

BURSARY APPLICATION FOR

DATE

SECONDARY SCHOOL BURSARY APPLICATION FORM**NB: NO FORM WILL BE CONSIDERED UNLESS ALL SECTIONS ARE DULY COMPLETED**

YEAR _____ CONSTITUENCY _____ SUB-COUNTY _____
 DIVISION _____ LOCATION _____ SUB-LOCATION _____
 WARD _____ VILLAGE/ESTATE _____

PART A: STUDENT PERSONAL DETAILS

FULL NAMES _____
 GENDER _____ DATE OF BIRTH _____ ADMIN NO _____
 CLASS _____ NAME OF SCHOOL _____ DISABLED Y/N _____

Attach school joining instructions (only for those joining form one)

SCHOOL ADMITTED _____
 NATIONAL _____ EX-COUNTY _____ COUNTY _____ DAY _____

PART B: DECLARATION**(A) STUDENT DECLARATION**

ARE YOU BENEFITTING FROM ANY BURSARY/EDUCATION FUND

YES ☐ NO ☐

IF YES STATE THE AMOUNT

YEAR.....AMT.....YEAR.....AMT.....YEAR.....AMT.....YEAR.....AMT.....

SCHOOL BANK A/C NO.....BANK.....BRANCH.....

DATE.....

I DECLARE THAT THE INFORMATION GIVEN HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE

STUDENT SIGNATURE..... DATE.....

(B) PRINCIPAL / PASTOR REMARKSI) TOTAL FEES AMT PAID BAL **II) STUDENTS PERFORMANCE**YEAR GRADE IN FORM TERM 1 TERM 2 TERM 3 STUDENTS DISCIPLINE EXCELLENT ☐ V.GOOD ☐ GOOD ☐ FAIR ☐ POOR ☐

I DECLARE THAT THE ABOVE STUDENT IS IN THIS SCHOOL AND THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE

NAME..... SIGNATURE..... DATE.....

NG-CDF MATHIOYA BURSARY APPLICATION FORM

S.NO

PARENT/GUARDIAN NAME.....SIGNATURE.....DATE.....

ASST-CHIEF/CHIEF NAME.....SIGNATURE.....DATE..... OFFICIAL STAMP.....

NB: THIS SLIP MUST BE RETAINED BY THE GUARDIAN FOR FUTURE REFERENCE AND SHOULD BE PRODUCED ON DEMAND BY THE BURSARY COMMITTEE

CONTACT

STUDENT NAME

PART C: FAMILY INFORMATION**TICK APPROPRIATELY**

DOUBLE ORPHANED ☐ BOTH PARENTS ☐

SINGLE ORPHANED ☐ SINGLE PARENT ☐

UNDER GRAND-PARENT CARE ☐ SINGLE GRAND-PARENT ☐

PARENT/GUARDIAN DISABLED YES ☐ NO ☐

**APPLICANTS SIBLINGS IN EDUCATIONAL INSTITUTIONS**

SIBLING NAME	INSTITUTION NAME	YEAR OF STUDY	TOTAL FEES	FEE PAID

FATHER/GUARDIAN NAME _____ MOB NO _____

OCCUPATION _____

MOTHER/GUARDIAN NAME _____ MOB NO _____

OCCUPATION _____

PART D: PARENT GUARDIAN DECLARATION

I DECLARE THAT I HAVE READ THIS FORM /THIS FORM HAS BEEN READ TO ME AND I
HEREBY CONFIRM THAT THE INFORMATION GIVEN IS TRUE TO THE BEST OF
MY KNOWLEDGE

SIGNATURE.....DATE.....

ASST. CHIEF

COMMENT ON THE STATUS OF THE FAMILY PARENTS

_____ MOBILE NO _____

I CERTIFY THAT THE INFORMATION GIVEN IS CORRECT

NAME.....SIGNATURE.....DATE.....STAMP.....

NOTE:

- DULY FILLED FORMS SHOULD BE RETURNED TO ASSISTANT CHIEF'S OFFICE ON OR BEFORE THE DEADLINE
- ATTACH CURRENT FEES BALANCE
- ATTACH THREE TERMS RESULT SLIP

PART E: FOR OFFICIAL USE ONLY**CONFIRMED BY**

NAME.....ID.....SIGN.....DATE.....

NAME.....ID.....SIGN.....DATE.....

NAME.....ID.....SIGN.....DATE.....