



# NATIONAL GOVERNMENT CONSTITUENCIES DEVELOPMENT FUND BURSARY APPLICATION FORM FOR STUDENTS IN SECONDARY SCHOOLS, COLLEGES AND UNIVERSITIES NDARAGWA CONSTITUENCY

### SERIAL NO: NDANGCDF/093/BURS/2023.

**INSTRUCTIONS**: Kindly provide your information in legible CAPITAL letters.

NB: Submission of incomplete form may lead to disqualification. All dully filled forms to be delivered to the NG-CDF Office at **MUTANGA OFFICE** 

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

### I. Personal, Institutional and Other Details

,	
Full Name of Student	
(As it appears in ID/Official documents)	
Gender	
Date of Birth	
ID Number/Passport No.	
(Where applicable)	
Name of School/College/University	
Adm. No/ Reg. No.	
Campus/Branch	
(For Tertiary Institution and University)	
Faculty /Department	
Course of Study	
Mode of study	Regular () Parallel () Boarding () Day ()
Class (Grade) /Year of Study	
Academic Year/Semester/Term	
Course Duration (Years	
Expected Year and month of Completion	
	MonthYear
Mobile No./Tel No.	
Physical Address	
Permanent Address	
Location	
Sub Location	
Ward	
Institution's Postal Address	
Institution's Tel No	
Amount Applied for (Kshs)	

Where applicable, please attach the relevant supportive documents including the following (Letter of admission, Fees structure, Recommendations





#### II. FAMILY BACKGROUND (Tick where applicable)

Kindry indicate your raining status,	
Total Orphan	
Partial Orphan	
Single Parent	
Both Parents Alive	
Other (State)	
Number of siblings (Alive)	
Estimated Family income	
(annually)	
Estimated family expenses	
(annually)	, , , , , , , , , , , , , , , , , , ,
(Attach Photocopies of death certific chief/assistant chief where applicab	cate(s) and verification letters from the area le)
a) <u>Father</u>	
Name	Address
Tel No	Occupation
Type of employment (Tick where ap	pplicable)
Permanent ( )	Contractual ( )
Casual ()	Retired ( )
Self-employed ( )	None ( )
Main Source of Income	
b) <u>Mother</u>	
Name	Address
Tel No	Occupation
Type of employment (Tick where ap	pplicable)
Permanent ( )	Contractual ( )
Casual ( )	Retired ( )
Self-employed ( )	None ( )
Main Source of Income	





c) <u>Guardian (Where a</u>	<u>pplicable)</u>			
Full Name		.Address		
Tel No	Occupa	tion		
Type of employment ( <i>Tick</i>	where applicable)			
Permanent ( )		Contractual	( )	
Casual ( )		Retired	( )	
Self-employed ( )		None	( )	
Main Source of Income		•••••		
d) Indicate the names of	of siblings in school/	college/univers	sity this year;	<b>&gt;</b>
Name	Secondary	Colleges	University	Annual Fees payable
		1		
III. <u>APPLICANT'S</u>	ADDITIONAL INI	FORMATION		1
XX/1				
a. Why are you applying f				
b. Have you received any Yes () No ()	financial support/bu	rsaries from No	3-CDF in the	past?
If yes, specify how much a	nd when you last rec	eived the supp	ort	
c. Have you received any	financial support/bu	rsaries from otl	ner organizatio	ons in the
past? Please provide details				
		••••••	•••••	
d. Do you suffer from any	y physical impairmen	nt (disability)?		
Yes ( ) No ( )				





e. Do you have any other disability or any chronic illness? If yes, kindly describe and	
provide evidence	
Yes () No ()	
Does any of your parents/guardians have any form of disability?  Yes ()  No ()	
f yes, describe the disability	
g. Does any of your parents/guardians suffer from any other chronic disabling medical condition? Describe	
Yes () No ()	
f yes, describe the disability	
V. <u>EDUCATION FUNDING HISTORY</u>	`
State the main source of funding for your education in the past ( <i>Fill where applicable</i> )	)
i) In secondary School	
o) In College	
e) In University	
i) Indicate other sources of funding if any	
a) In secondary School	
o) In College	
e) In University	
PART B: APPLICANT'S ACADEMIC PERFORMANCE	
What is your average academic performance?	
Excellent () Very Good ()	
Good () Fair ()	
Poor ()	
) Have you been sent away from school? YesNo  If yes provide reasons for your absence	
e) Specify number of weeks you stayed away from school	
Annual fees (as per fee structure) Kshs	
e) Last Semester's/Term Fee balance	
This Semester's/Term Fees	
y) Next Semester's/Term fees	
n) Loan from HELB (where applicable)	





### REFEREES

two referees who know the family well.	ames and telephone contacts of at least
1. Name	
Address	ess
Telephone Telep	phone
STUDENT'S/ PARENT'S/GUARDIAN'S DEC	<u>CLARATION</u>
I hereby declare that the information provided he and belief, and I understand that any false inform disqualification by the committee.	•
Applicant's Full Name	
Date	
VERIFIED BY:	
a) Religious Leader Full Name	,
Name of the Religion	
Recommendation:	11 Out 5 5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Recommended ( ) Not recomme	ended ( )
Signature Official Stamp	
b) Chief/Assistant Chief	Jate
Name of area Chief/Assistant Chief	
Location/Sub-location	
Recommendation: Recommended ( ) Not recommended ( )	
Justification:	
Signature Date	





## FOR OFFICIAL USE ONLY (To be filled by NG-CDF Bursary Committee)

The form was duly filled and signed		Yes ( )	No ( )	
All supportive documents have been at	tached Yes	s()	No ( )	
Recommended for approval () Reason for non-approval			••••	
Signed:			<b>↔</b>	
ChairmanI				
SecretaryI	Date			

### KEY ATTACHMENTS TO THE FORM

Applicants <u>MUST</u> attach copies of the relevant documents including the following;

- 1. Photocopy of the Secondary/College/University ID Card
- 2. Parent (s) Death Certificate or Burial Permit (For Orphans)
- 3. Current fees structure (Compulsory for all applicants)
- 4. School/Institution Admission letters (*Compulsory for Colleges/University Students*)
- 5. Any other relevant supportive document