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| ‘ CDF logo 4 MsWord  **NG-CDF IJARA** | **National Government Constituencies Development Fund Board**  Ijara Constituency  P.O. Box 92 - 70105  **MASALANI**  **Cell**: 0717882297  **Email**: [ngijaracdf@gmail.com](mailto:ngijaracdf@gmail.com)/Imanyarow@gmail.com | **Website:** [www.ngcdf.go.ke](http://www.ngcdf.go.ke) |



**FINANCIAL /YEAR: 2022-2023**

**BURSARY APPLICATION FORM: SECONDARY SCHOOL.**

**NOTE: Mandatory requirement:**

* ***Copy of Kcpe result for form 1 .***
* ***Copy of last 2 report form for F2,F3 and F4.***
* ***Copy of parent I.D.***
* ***Copy of parent vote card.***
* ***Copy of fees structure***

**1.PERSONAL DETAILS. (ATTACH SCHOOL id card photo copy)**

NAME OF APPLICANT…………………………………………parent phone number………………

ADMISSION/REGISTRATION NUMBER……………………………………………………………..

CLASS/FORM……………………………..……………………………………………………………..

EXPECTED YEAR OF COMPLETION…………………………………………………………………

DIVISION………………………LOCATION……………………..SUB LOCATION…………………….

**2. INSTITUTION INFORMATION (Certified by Head of Institution)**

NAME OF SCHOOL……………………………………………………………

ADDRESS………………………………………………………………………

PRINCIPAL’S REMARKS ON STUDENT PERFORMANCE AND FEES PAYMENTS……………………………………………………………………………………………………………………………………………………………………………………………………………….. ………………………………………………………………………………………………………………

…………………………………………………………………………………………………………….. ………………………………………………………………………………………………………………

NAME OF PRINCIPAL …………………………………………………………..

SIGNATURE/STAMP………………………………………………………………

N/B: **NO FORM WILL BE ACCEPTED WITHOUT ALL MANDATORY REQUIREMENT ATTACHMENT.**

**4. FEES DETAILS**

FEES PAYABLE PER YEAR/TERM KSH………………………………………………

OUTSTANDING BALANCE KSH…………………………………………………. (Attach fees statement)

TOTAL PAYABLE UNTIL COMPLETION KSH………………………………………………………

**5. PARENT DETAILS**

(i). ARE YOUR PARENT ALIVE? YES (…..) NO(…….)

(a) FATHER………………………..

(b). MOTHER…………………………..

IF YES STATE WHETHER EMPLOYED OR NOT…………………………………………

DO YOU HAVE ANY OTHER SPONSORSHIP? IF ANY HOW MUCH MONEY HAVE BEEN AWARDED THIS YEAR? KSH. ………………………………………………………..

**6. CHIEF`S/ASS. CHIEF`S CERTIFICATION.(Certify only for students from your Division/location)**

NAME………………………………DIVISION……….……LOCATION…………SIGN/STAMP………

REMARKS…………………………………………………………………………………………………….

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**7. Declaration**.

I CERITIFY THE ABOVE INFORMATION IS CORRECT: NAME……………………………….

SIGN……………………………… (Applicant)

**OFFICIAL USE ONLY**

INDEX OF NEED…………………………………………..

AMOUNT AWARDED LAST KSH…………………………………..

AMOUNT AWARDED NOW KSH……………………………………F/Y YEAR………………………

N/B: **NO FORM WILL BE ACCEPTED WITHOUT ALL MANDATORY REQUIREMENT ATTACHMENT.**