



NG-CDF BOARD

**Bursary Application Form**

Secondary School

Serial No.

**DATE OF COLLECTION**

**DATE RETURNED**

.....

.....

**RECEIVED BY.....**

**APPLICANT'S GUIDANCE NOTES**

1. This application form is issued **FREE OF CHARGE** by RARIEDA NG-CDF and Constituency Office
2. Applicant must attach I.D. and voter's card photocopies of parents /guardian.
3. Applicant **MUST** attach copy of birth certificate.
4. Applicant must attach **COPY** of current report form.
5. You are required to fill in all appropriate spaces as provided.
6. Incomplete bursary application forms will not be processed.
7. All the information provided will be cross-checked against information from other official public sources.
8. Bursary awarded is not transferable by the beneficiary.
9. Approved bursary awards will be paid directly to the **Institution** and **cannot** be converted to cash payments to the applicant.
10. The needs for all beneficiaries will be considered on application and canvassing is prohibited.
11. If single or both parents are dead, you must attach support document e.g. burial permit / death certificate.
12. Disability e.g. physically challenged: You must attach support document, letter explaining disability or other disadvantages and circumstance.
13. Cheating if detected, will lead to automatic disqualification.
14. Students joining form ONE **MUST** provide calling /admission letter and a Leaving School Certificate from the immediate former Primary School signed and endorsed with an official stamp.
15. **To all students:** those joining form ONE or those continuing in forms 2, 3 and 4 must provide the correct information by filling in the spaces below: -

**Total Fees (Annual):** \_\_\_\_\_ **Paid/Able to raise:** \_\_\_\_\_ **Balance** \_\_\_\_\_

**PART A.**

NAME OF APPLICANT: \_\_\_\_\_ FORM \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ BIRTH CERTIFICATE NUMBER: \_\_\_\_\_

SUB-COUNTY \_\_\_\_\_ DIVISION \_\_\_\_\_

WARD \_\_\_\_\_ LOCATION \_\_\_\_\_

SUB – LOCATION \_\_\_\_\_ VILLAGE/ESTATE/UNIT \_\_\_\_\_

PARENT / GUARDIAN

ID No. \_\_\_\_\_ VOTERS CARDS (Parent/Guardian) \_\_\_\_\_

Contact: (Mobile) Parent's/Guardian's \_\_\_\_\_

**PART B STUDENT'S PERSONAL AND INSTITUTION'S OR COURSE DETAILS.**

1. Full Names: \_\_\_\_\_

2. a) Male (\_\_\_\_) Female (\_\_\_\_) Tick One.

Name of School \_\_\_\_\_ Admission No. \_\_\_\_\_

Form \_\_\_\_\_ Nemis No. \_\_\_\_\_ Year of Completion \_\_\_\_\_

School /Institution code \_\_\_\_\_ County \_\_\_\_\_

**Total Fees:** \_\_\_\_\_ **Fees Paid:** \_\_\_\_\_ **Balance** \_\_\_\_\_

b). **FOR FRESH STUDENTS** please attach admission instructions while those continuing you must state correctly current form /class whether 1, 2, 3, or 4.

c) **SCHOOL CATEGORY:** NATIONAL  EXTRA COUNTY  COUNTY  PRIVATE

**FORM I (ONE) APPLICANTS ONLY**

3. **REMARKS:** Former Primary School Head Teacher's **Academic Performance**

Excellent \_\_\_\_\_ V. Good \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

*I declare to the best of my knowledge that the above information is TRUE or the applicant to attach a relevant copy of a certified school leaving certificate.*

\_\_\_\_\_

**Name** **Signature** **Date & Official Stamp.**

**PART C: STUDENT'S FAMILY INFORMATION.**

1. Father's Name \_\_\_\_\_ Alive /Dead.....

2. Mother's Name \_\_\_\_\_ Alive/Dead.....

3. Guardian /Sponsor Name \_\_\_\_\_ Occupation/ Profession \_\_\_\_\_  
Relation to applicant \_\_\_\_\_ Contact \_\_\_\_\_ (Mobile)

4. **DISABILITY:** Blind / Deaf / physically challenged. (attach evidence)

5. From poor household: YES  NO  (Tick One)

6. Who has been paying for your education? (Tick )Parent  Guardian Sponsor / Well wishers

7. How many brothers / sisters do you have?

a) How many are in secondary

b) How many are in post-secondary institutions?

8. Have you ever received Bursary Fund :

1. NGCDF **YES/ NO** AMOUNT  YEAR

2. Others (Please specify the source, amount and year)

\_\_\_\_\_

**PART D. APPLICANTS SIBLINGS IN SCHOOL / INSTITUTION.**

<b>Names</b>	<b>Relationship</b>	<b>School / Institution</b>	<b>Form or Class</b>	<b>Outstanding Balance</b>
<b>GRAND TOTAL</b>				

**PART E: INFORMATION ABOUT FAMILY FINANCIAL STATUS.**

**1. GROSS INCOME IN THE LAST 12 MONTHS (KSHS)**

Gross Income (this means income from salary, business or farming)

	<b>Father</b>	<b>Mother</b>	<b>Husband</b>	<b>Wife</b>	<b>Guardian / Sponsor</b>
<b>GROSS INCOME</b>					

**PART F: RECOMMENDATION**

a) **Area Chief / Assistant Chief/Religious Leader-** Comment on the student /family/ parent status.

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\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date & Official Stamp.**

**PART G: DECLARATIONS.**

**1. STUDENT'S DECLARATION**

I declare that to the best of my knowledge, the information given herein is true and I am aware that giving false information will lead to automatic disqualification.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date.**

**2. 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.

\_\_\_\_\_  
**Name (Parent /Guardian)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**PART H: SCHOOL VERIFICATION (attach necessary documents)**

For continuing students

Class / Form \_\_\_\_\_ Class position \_\_\_\_\_

Term I /II/III.

Student Discipline / Conduct (Tick One Only)

Excellent  V. Good  Fair   Poor

Student's Academic Performance:  
Excellent  V. Good  Good  Fair  Poor

Confirm Admission Number \_\_\_\_\_

School code as per ministry of education: \_\_\_\_\_

Acknowledgment Reference Number: \_\_\_\_\_

*I declare that the above-named student is in this institution.*

Principals / Director of Studies

\_\_\_\_\_

Date & Official Stamp.

Name

Signature

**PART I - FOR OFFICIAL USE ONLY NG-CDF BURSARY COMMITTEE.**

Following the Bursary Committee meeting held on \_\_\_\_\_ the applicant's request for Bursary is hereby recommended / not recommended. If not recommended give reasons:

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Bursary award: Kshs. \_\_\_\_\_ Score

Type of Sponsorship:

**Officials**

Name	Designation	Signature
1.		
2.		
3.		
4.		