



NG-CDF

Updated 2023.

BURSARY APPLICATION FORM FOR TERTIARY INSTITUTIONS.

PART A: STUDENT DETAILS

(Fill all the sections)

Sub County: _____ Ward: _____
Location: _____ Sub Location: _____
Village/Estate: _____

1. (a) STUDENT'S FULL NAMES:

Last First Middle

(b) FAMILY NAME:

2. Sex: Male () Female ()

3. DATE OF BIRTH _____ National ID No. _____

(Please attach copy National ID and Student's School ID or Admission form)

PART B: INSTITUTION AND COURSE DETAILS

4. Name of the Institution.....
Postal Address.....Physical Address.....
Contact person Name.....Designation.....
Telephone/mobile no.....
Bank Account details: BankAccount no.....

5. **COURSE/FIELD OF STUDY:** **1.KMTC** (a)Diploma () (b)Certificate () **2.TVET** (a)Artisan()
(b)Certificate () (c) Diploma() **3.National polytechnic** (a) artisan () (b)certificate () (c)Diploma ()
(d) Higher diploma() **4.Teachers College** (a)Diploma () (b) Certificate () **5.Theological studies** (a)
Diploma () (b) Certificate () **6.University** (a) certificate() (b) Diploma() (c) Degree() (d)PHD ()

6. **NATURE OF COURSE:** Private () Parallel () Regular ()

(Tick where appropriate)

7. (a) **YEAR OF STUDY:** 1ST () 2ND () 3RD () 4TH () 5TH () Others

(i) Length of Course from ----- to year

(ii) Head of Department Name -----

Signature ----- and Stamp

(b) **STUDENT'S REGISTRATION NUMBER**.....

(c) Personal Telephone No. _____

PART C: INSTITUTION / COLLEGE/SCHOOL / UNIVERSITY DETAILS.

(i) Fees structure

Total fees	paid/able to raise	outstanding balance
Ksh <input type="text"/>	Ksh <input type="text"/>	Ksh <input type="text"/>

Amount of HELB loan awarded. **Ksh**

I declare that the above named is our student and the above information is true

Name _____ Signature _____ Date _____

Official Stamp

Designation _____

PART D: FAMILY INFORMATION.

Tick Appropriately

- (a) Total orphan ()
- (b) Partial orphan ()
- (c) Both parent alive ()
- (d) Single parent ()
- (e) Parents are PWD's ()
- (f) The student is PWD()

For persons with disability please specify the nature of disability.....

Father's Name: _____ Occupation/Profession _____

ID NO. _____ (Attach Photocopy)

Mother's Name: _____ Occupation/Profession _____

ID NO. _____ (Attach Photocopy)

How many are in Secondary School

How many are in Post-Secondary Institutions

(g) If both parents are not alive, give the name of your

Guardian -----

Sponsor/Well-Wishers -----

PART E: INFORMATION ABOUT FAMILY FINANCIAL STATUS

1. Gross income in the last 12 months – (Kshs.)

	Father	Mother	Guardian/Sponsor
Gross Income			

Gross Income: - This income from salary, business and farming.

PART F: DECLARATION

(i) Student Declaration

I declare that the information given herein is true to the best of my knowledge.

Student Signature: _____ Date: _____

(ii) Parent’s / Guardians Declarations

I declare that I have read this form / this form has been read to me and here by confirm that the information given here in is true to the best of my knowledge.

Parent’s/Guardian’s Signature: _____ Date: _____

(iii) Verification by:-

Chief/Sub Chief/Religious Leader

Signature: _____ Date: _____

(Office Stamp)

PART D: FOR OFFICIAL USE ONLY BY CDF COMMITTEE

Recommended/ Not Recommended

Bursary Awarded Ksh. _____

Chairman’s Name: _____ Signature: _____ Date: _____

Secretary’s Name: _____ Signature: _____ Date: _____

N/B: Its an offence to give false information, in- complete form without proper attachments will lead to your disqualification.