



**NG-CDF BOARD**

National Government Constituencies Development Fund  
**Suba North Constituency**

P.O Box 311-40305

MBITA

Email: [cdfsubanorth@ngcdf.go.ke](mailto:cdfsubanorth@ngcdf.go.ke)

**BURSARY APPLICATION FORM (FY 2023/2024)**

SUBMISSION DATE \_\_\_\_\_

FORM SERIAL NUMBER \_\_\_\_\_

**INSTRUCTIONS**

(Please, read all the instructions carefully and fill in the form accurately)

1. This form is for secondary, middle-level colleges and universities.
2. Kindly provide your information in legible CAPITAL letters.
3. All duly filled application forms to delivered to Suba North NG-CDF office or any other designated area/ person
4. Submission of incomplete form may lead to automatic disqualification.
5. This application is not a guarantee for a bursary award

**PART A: TO BE COMPLETED BY THE APPLICANT/PARENT/GUARDIAN**

***Section I: Student & Institution Details***

1	Full name of Student (as it appears in ID/ Official documents)	
2	Gender	
3	Date of Birth	
4	ID Number/ Passport Number (where applicable)	
5	Cell phone Number	
7	Name of Ward	
8	Name of Location	
9	Name of Sub Location	
10	Name of Village/ Estate	
11	Name of School/ College/University	
12	School MoE Code (mandatory for Secondary Schools)	
13	Institution's Physical Address	

14	Institution's Postal Address	
15	Institution's Telephone Contact	
16	Institution's Official E-mail address	
17	Student's Correct Admission/ Registration Number	
18	Student's NEMIS Number (mandatory for Secondary)	
19	Campus/ Branch (for Tertiary institutions and University)	
20	Faculty/ Department (for Tertiary institutions and University)	
21	Course of Study (for Tertiary institutions and University)	
22	Mode of Study	Regular ( ) Parallel ( ) Boarding ( ) Day ( )
23	Class (Grade)/ Year of Study	
24	Academic Year/ Semester/ Term	
25	Course Duration (Years)	
26	Expected Month and year of Completion	Month..... Year .....
27	Amount Applied for (Kshs)	
28	Institution Bank Account	
29	Name of Bank	
30	Bank Branch	

**Section II: Family Background**

Kindly indicate your family 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 certificate(s) and verification letters from area chief/ assistant chief where applicable*

NAME OF STUDENT.....REGISTRATION/ADMISSION NUMBER.....

**a) Father**

Name..... Address.....

Tel. Number..... Occupation.....

Type of Employment

Permanent ( ) Casual ( ) Self-Employed ( )  
 Contractual ( ) Retired ( ) None ( )

Main source of income.....

**b) Mother**

Name..... Address.....

Tel. Number..... Occupation.....

Type of Employment

Permanent ( ) Casual ( ) Self-Employed ( )  
 Contractual ( ) Retired ( ) None ( )

Main source of income.....

**c) Guardian (where applicable)**

Name..... Address.....

Tel. Number..... Occupation.....

Type of Employment

Permanent ( ) Casual ( ) Self-Employed ( )  
 Contractual ( ) Retired ( ) None ( )

Main source of income.....

**d) Indicate the names of siblings in school/college/university this year**

NAME OF SIBLING	INSTITUTION OF LEARNING/ TRAINING	TOTAL FEES KSHS	FEES PAID KSHS	FEES BALANCE KSHS
<b>TOTAL</b>				

**Section III: Applicants Additional Information**

- a) Why are you applying for bursary? .....
- b) Have you received any financial support from NG-CDF in the past? Yes ( ) No ( )  
If yes, specify how much ..... & when you last received the support .....
- c) Have you received financial support/ bursaries from other organizations in the past? Please provide details .....
- d) Do you suffer from any physical impairment (disability)? Yes ( ) No ( )
- e) Do you have any other disability or any chronic illness? Yes ( ) No ( )  
If yes, kindly describe and provide evidence
- f) Does any of your parents/guardian have any form of disability or suffer from any chronic disabling medical condition? Yes ( ) No ( ).  
If yes, describe the disability or illness.....

**PART B: DECLARATION**

**i) Student**

I \_\_\_\_\_ hereby declare that the information given herein is true to the best of my knowledge and hereby accept that any false information will automatically disqualify my application.

**Signature:** \_\_\_\_\_ **ID No** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ii) Parent/Guardian of the Applicant**

I declare that I have read this form/ this form has been read to me, and hereby confirm that the information given herein is true to the best of my knowledge and hereby accept that any false information will automatically disqualify this application.

**Parent/ Guardian's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **I/D No** \_\_\_\_\_ **Date** \_\_\_\_\_

**a) Chief/Assistant Chief/ Religious Leader**

I certify that the applicant is a resident of Suba North Constituency .....Ward ..... Location .....Sub location and that I have checked all the information given herein and hereby confirm that they are complete and true to the best of my knowledge.

Comment on family financial status \_\_\_\_\_

Name	Signature/ Official Stamp	Date
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\_\_\_\_\_

**b) Principal/Dean of Students**

I certify that the applicant is a student in this institution and that I have checked all the information given herein and hereby confirm that they are complete and true to the best of my knowledge.  
 Comment on financial status of the student \_\_\_\_\_

Name	Signature/ Official Stamp	Date
_____	_____	_____

**PART 3: FOR OFFICIAL USE ONLY BY SUBA NORTH NG-CDF BURSARY SUB-COMMITTEE**

Bursary Awarded:      Yes          No          Amount awarded (Kshs) .....

If No, please give reasons: \_\_\_\_\_

	<u>Chairman</u>	<u>Secretary</u>
Signature	_____	_____
Name	_____	_____
Date	_____	_____

**COMPULSORY ATTACHMENTS:**

- i) Copy of Student identity card for current institution of learning, national identity card/birth certificate and copy of parent/guardian national identity card.
- ii) Relevant academic Report forms or certificates or transcripts (whichever is applicable)
- iii) Admission letter, fee structure and Fee balance statement duly signed and stamped by the institution’s authority.
- iv) Attach death certificates of parents and your own birth certificate to proof kinship where applicable.

**NOTE:**

- ✓ Cheques will be written in favour of the learning institution named herein and not to individual applicant’s names
- ✓ Bursary once allocated is only transferable with written approval from the Fund Account Manager Suba North NG-CDF

**END**