



REPUBLIC OF KENYA



NATIONAL GOVERNMENT CONSTITUENCIES DEVELOPMENT FUND BOARD

NYATIKE

CONSTITUENCY

BURSARY APPLICATION FORM

S/ No.....
2024/2025 FY

NG- CDF OFFICE BUILDING
WATH ONG'ER TRADING CENTRE

P.O. BOX 1-40402

Macalder

Tel: 0729-827-128/0727-606-394

Email: ngcdfnyatike@ngcdf.go.ke / Website: www.cdf.go.ke

INSTRUCTIONS: Kindly provide your information in legible CAPITAL letters.

NB: Submission of incomplete form may lead to disqualification.

All duly filled forms should be delivered to the NG-CDF Office for processing through our staff at the following collection centers on or before 10/01/2025.

1. **Macalder Kanyaruanda Ward:** Macalder /Wath Ong'er NG-CDFC Office
2. **Kaler Ward:**Kanga Onditi Chiefs' Office
3. **Got Kachola Ward:**Koweru Chiefs Office/Othoo Acc's Office
4. **Muhuru Ward:**Asst. chiefs' office (Winjo Kadalo) /Chief's office (Kanyakire customs)
5. **North Kadem Ward:**Ageng'a Chiefs Office
6. **Kachieng' Ward:**Sori Chiefs' Office
7. **Kanyasa Ward:**Alendo Resource Centre

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

i. Personal, Institutional and Other Details

Name of Student (as it appears in ID/official documents):.....

POLLING STATION:

WARD:

LOCATION:

SUB LOCATION:.....

GENDER: MALE ()

FEMALE () (tick appropriately)

DATE OF BIRTH (ddmmyy) ID. NO./PASSPORT NO.....

NAME OF SCHOOL /COLLEGE / UNIVERSITY:

ADMISSION/REGISTRATION NUMBER:

CAMPUS/ BRANCH: (for tertiary institution and University)

FACULTY / DEPARTMENT: (for tertiary institution and University)

COURSE OF STUDY: (for tertiary institution and University).....

MODE OF STUDY: Regular () Parallel () Boarding () Day () (tick appropriately)

CLASS / GRADE/ YEAR OF STUDY: COURSE DURATION: (in years)

EXPECTED YEAR AND MONTH OF COMPLETION: (MMYY)

MOBILE /TELEPHONE NUMBER:.....

PHYSICAL ADDRESS:

PERMANENT ADDRESS:

INSTITUTION'S POSTAL ADDRESS:.....

INSTITUTION'S TELEPHONE NUMBER:.....

AMOUNT APPLIED FOR (Kshs.):.....

(Attach support documents including letter of admission, fees structure and recommendations)

ii. FAMILY BACKGROUND (Tick appropriately)

Kindly indicate your family status:

Both Parents Dead ()

One Parent Dead ()

Both Parents Alive ()

Single Parent ()

Others (state)

Number of siblings (alive)

Estimated Family income (annually Kshs.)

Estimated Family expenses (annually Kshs.)

Attach support documents eg- death certificate / a verification letter from area chief/sub chief

a) Father

Full Name: Address:

Telephone Number: Occupation:

Type of employment (Tick appropriately)

Permanent ()

Contractual ()

Casual ()

Retired ()

Self employed ()

None ()

Main source of income

b) Mother

Full Name: Address:

Telephone Number: Occupation:

Type of employment (Tick appropriately)

Permanent ()

Contractual ()

Casual ()

Retired ()

Self employed ()

None ()

Main source of income

c) Guardian

Full Name: Address:

Telephone Number: Occupation:

Type of employment (Tick appropriately)

Permanent ☐

Contractual ☐

Casual ☐

Retired ☐

Self employed ☐

None ☐

Main source of income

d) Provide the names of siblings in school/ college / university this year in the table below:

S/No.	Name	Secondary	College	University	Annual fees payable (Kshs)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Attach a separate sheet in the same format where necessary

iii. APPLICANT'S ADDITIONAL INFORMATION

a) Why are you applying for bursary assistance?

.....

b) Have you received any financial support / bursaries from NG-CDF in the past? Yes ☐ No. ☐

If yes, specify how much and when you last received the support.

.....

c) Have you received any financial support / bursaries from other organizations in the past? Yes ☐ No. ☐

If yes, please provide details.

.....

d) Do you suffer from any physical impairment (disability)? Yes ☐ No. ☐

If yes, please provide details.

.....

e) Do you suffer from any chronic illness? Yes () No. ()

If yes, please provide details / evidence

.....

f) Do your parents / guardians have any form of disability? Yes () No. ()

If yes, please describe the disability.

.....

g) Do your parents / guardians suffer from any chronic illness? Yes () No. ()

If yes, please provide details

.....

4. EDUCATION FUNDING HISTORY

i). state the main source of funding for your education in the past as below:

a) In secondary school

b) In college

c) In the university

ii). Indicate other sources of funding if any

a) In secondary school

b) In college

c) In the university

PART B: APPLICANT'S ACADEMIC PERFORMANCE

a). What is your average academic performance?

Excellent () Very Good () Good () Fair () Poor ()

b). have you been sent away from school? Yes () No ()

if yes, provide reasons for your absence

c). Specify the number of weeks you stayed away from school

d). Annual fees as per fees structure Kshs.

e). Last semester's / Term's fee balance Kshs.....

f). This semester's / Term's fee balance Kshs.....

g). Next semester's / Term's fee balance Kshs.....

h). Loan from HELB (where applicable).....

REFEREES

The student / parent /guardian should provide the names and telephone contacts of at least two referees who know the family well.

1. Name
- Address
- Telephone Number
2. Name
- Address
- Telephone Number

PART C DECLARATIONS

(1) STUDENT'S DECLARATION

I declare that I have read this form / this form has been read to me and I hereby confirm that the information given herein is true to the best of my knowledge and belief; I understand that any false information provided shall lead to my automatic disqualification by the committee.

Student's Signature Date.....

(2) PARENT'S / GUARDIAN'S DECLARATION

I declare that I have read this form / this form has been read to me and I hereby confirm that the information given herein is true to the best of my knowledge and belief; I understand that any false information provided shall lead to disqualification of the student by the committee.

Parent's /Guardian's Name Date..... Sign.....

Verified by:

Name of religion:

If other specify

Comment on the status of the family / parents of the applicant

NAME

SIGNATURE

DATE & OFFICIAL STAMP

Name of the area chief / Assistant chief

Location / sub location.....

Comment on the status of the family / parents of the applicant

SIGNATURE

DATE & OFFICIAL STAMP

This form was dully filled and signed Yes () No ()

All support documents have been attached Yes () No ()

Approved for Bursary 0

Not approved ☐ (tick appropriately)

Reasons for non approval

Chairperson's Name Date

Signature

Secretary's Name Date

Signature

Member Name Date

Signature

PART F: FOR OFFICIAL USE BY THE CONSTITUENCY EDUCATION BURSARY SUB COMMITTEE

Awarded Bursary ()

Not awarded () (tick appropriately)

Bursary awarded Kshs.

Reasons

Secretary's Name

.....

Date Signature

OFFICIAL STAMP

KEY ATTACHMENTS TO THE FORM

Applicants MUST attach copies of the relevant documents including the following:

1. Students' transcript / Report Form
2. Photocopy of parents' / guardians National Identity Card
3. Photocopy of students' National Identity Card (**mandatory for post school students**)
4. Photocopy of birth certificate
5. Photocopy of the secondary / college / university ID card
6. Parents death certificate / burial permit (**mandatory for orphans**)
7. Current fees structure (**mandatory for all applicants**)
8. Admission letters (mandatory for colleges and universities)