National Government Constituencies Development Fund
Ikolomani Constituency
P.O Box 2773-50100
Kakamega, Kenya
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BURSARY APPLICATION FORM

SECTION A: PERSONAL INFORMATION   **SERIAL NO:** FY-2025/26…………………

1. Name of Applicant…………………………………………………… I.D NO……………………….
   (As they appear in Student ID/National ID)   (Where Applicable)

2. Sex: Male ☐   Female☐   Date of Birth........../………. /……………...

3. Do you have any disabilities? YES☐   Specify…………………………….   NO ☐

4. Are you currently employed? YES☐ NO☐Employment Nature: Permanent ☐ Temporary☐

5. Sub Location……………………….. Location…….….................. Ward……………….….…
   (Attach Copy of both National and Students Identity or Birth Certificate where applicable)

SECTION B: INSTITUTION INFORMATION

1. Name of Institution……………………………………………………………………………….

2. Name of Campus (Where Applicable) ……………………………………………………………

3. Institution Postal Address:

   P.O. Box .... Postal Code .... Town ....

4. Physical Location (County/Sub-County): ....

5. Year of Study/Grade/Class/Form: ………… Expected Year of Completion…….………….…
                                                                                                 (Specify)

6. Registration/Admission No…………………………….UPI/ NEMIS No……………………

7. Level of Education: Secondary ☐ Tertiary ☐ Special☐   Other☐……………………….
                                                                                                 (Specify)

8. Secondary School Applicants: State Whether You are: Day Scholar☐ Border☐ N/A☐
   (Attach previous term report form or calling letter and Grade 9 result slip for those joining Grade 10)

9. Tertiary Applicants State the Course: Certificate☐Diploma☐ Degree☐ Other☐……….

10. Annual Fees Payable…………........................ Outstanding Balance (If any) ....
                            (Attach supporting documents i.e. Fee Structure, Letter from Institution)

11. Do you have any Sponsorship/ Bursary from any other source YES☐Amount……… NO ☐

12. Did you receive a bursary last year? YES☐ Amount…………… NO ☐

13. Any past bursaries received from NGCDF? Amount…………………… Year…………..

SECTION C: BENEFICIARY INSTITUTION PAYMENT DETAILS
(To be completed by the Institution and certified by the Institution Stamp)

1. Official Bank Account Details

Account Name (as per Bank Records): ....
(This may differ with the name of the institution)

Bank Name: .... Branch: ....

Account Number: ....

Bank Code (if applicable): ....

Branch Code (if applicable): ....

SWIFT/BIC Code (where applicable): ....

2. Institution Contact Details (For Payment Verification)

Official Institution Email Address: ....

Official Telephone Number: ....

Alternative Telephone Number: ....

3. Institutional Declaration & Certification

I hereby certify that the above student is duly admitted in this institution and that the bank account details provided above are correct and belong to the institution. I further confirm that any bursary funds received shall be credited to the student's fee account only.

Name of Authorized Officer: ....

Designation (Principal / Dean / Registrar): ....

Signature & Official Institution Stamp: ....

Date: .... / .... / 20........

SECTION D: BACKGROUND INFORMATION

1. Father's Name………………………………….. Occupation……………………………
2. Mother's Name…………………………………… Occupation……………………………
3. Have you lost any of your parents?

    Father ☐ Reasons…………………………………………………………………………
    Mother ☐ Reasons…………………………………………………………………………

4. What is the current status of your parents?

Single Parent ☐ Both Parents Alive ☐ One Parent is a PWD ☐ Both Parents are PWDs ☐

(Attach relevant documents i.e. Copy of Parent(s)/Guardian's ID, Death Certificate, Burial Permit and PWD certification(s))

SECTION E: DECLARATIONS

1. APPLICANT

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

Name.. Mobile No...........................

Signature.. Date..

2. PARENT/GUARDIAN
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.

Name.. ID No.........................

Signature... Date….................. Mobile No…….................

SECTION F: CERTIFICATION

1. CHIEF/ASSISTANT CHIEF

I certify that the applicant is a resident of my Sub-Location and that I have checked the information given herein and confirm it to be true to the best of my knowledge

Name.. Mobile No...............................

Signature & Stamp .... Date.......................................

A. OFFICIAL USE ONLY

1. Applicant's Form is duly filled and signed   YES ☐   NO ☐

2. The applicant has submitted relevant supporting documents YES ☐   NO ☐

3. The applicant has been awarded KShs: ………………………………………………..

Authorized Signature (NGCDF)…………………………………… DATE……………………..