



National Government Constituencies Development Fund Board
Ndhiwa Constituency
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NG-CDF BOARD

BURSARY APPLICATION FORM FOR STUDENTS IN POST SECONDARY INSTITUTIONS

(INSTRUCTIONS: Kindly provide your information in **bold/capital legible letters**.)

NB: Failure to fill in any **PART** or **OMISSION** of any required information will lead to **AUTOMATIC DISQUALIFICATION**

PART A: TO BE FILLED BY THE STUDENT (Personal and Institutional Details)

Names	Surname:	Other Names:
College/University		
Campus/Branch		
Course of Study		
Student's Adm No.		
Year of Study		
ID Number/Passport No.		
Gender		
Date of Birth	Year	Month Date
Date Joined		
Residential/Postal Address		
Mobile No./Tel no.		
Location/Division		
Fee per year		
Amount Applied for (Kshs)		

B: FAMILY BACKGROUND (Tick where applicable)

Kindly indicate your family status:

Total Orphan () Partial Orphan () Disabled () None ()

(Attach photocopies of death certificate(s) and verification letters from the area chief where applicable)

(a) Father

Full Names.....ID NO.....Address.....

Tel No.....Occupation.....Residence.....

Annual income..... Annual expenditure.....

(b) Mother

Full Names..... ID NO.....Address.....

Tel.....Occupation.....Residence.....

Annual income..... Annual expenditure.....

(c) Guardian (Where applicable)

Full Names..... ID NO.....Address.....

Tel.....Occupation.....Residence.....

Annual income..... Annual expenditure.....

(d) Indicate the names of siblings in school this year;

Name	Primary	Secondary	College/University	Fees Payable
TOTAL FEE PAYABLE				

PART C: INSTITUTIONS DETAILS**To be filled by the student**

(a) Institutions Name.....

(b) Contact Person Name.....

(c) Position.....

(d) Institution Physical Location.....

(e) Institutions Postal address.....

(f) Telephone No.....

(Where applicable, please attach the relevant supportive documents including the following; Letter of admission, Fees Structure, recommendations etc)

To be filled by the Dean of Faculty/Departmental Head

- (i) How is the general performance of the student?
- (ii) Are there times when the student has been away due to fees problem? Yes.....No.....
If yes give detail.....
- (iii) Does the student have discipline problem? If so give details.....
- (iv) Other comments i.e. student potential, aptitude etc.....
- (v) Has the student been receiving assistance and/or bursary support from elsewhere? Yes.....No.....
If yes give details.....

Principal/Dean of Students

.....
.....
.....
.....

Full Names.....Signature.....Date.....

Official Stamp

PART D: FUNDING

- (i) State the source of funding for your education before joining tertiary institution.
(a) Primary School.....
(b) Secondary School.....
- (ii) Other sources of funding at tertiary level
(a).....
(b).....

(Institutions Finance Officer/Accountant to verify)

- (iii) Annual fees payable Kshs
- (iv) Last Semester's/Term's fees balance
- (v) This Semester's/Term fees
- (vi) Next Semester's/Term fees
- (vii) Loan from HELB
- (viii) How would you classify the applicant (Tick One) Deserving () Very Deserving ()
Remarks.....

Full Names.....Signature.....Date & Official Stamp.....

PART F: STUDENT'S DECLARATION

I hereby declare that the information provided herein is true to the best of my knowledge and belief and that any false information provided shall lead to automatic disqualification by the committee.

Applicant's Full Name.....Signature.....Date.....

PART G: VERIFICATION

Chief/Assistant Chief

Family status (Tick where applicable)

Orphan () Partial Orphan () Single Parent () Both Parents alive but needy ()

Location.....Sub-location.....

Full Names.....Signature..... Date & Official Stamp.....

PART H: ATTACHMENTS

Kindly remember to attach copies of the following;

1. Current fees structure
2. Photocopy of National ID card and College/University ID
3. Copy of Voters card
4. Parent(s) death certificate or burial permit (Orphans)

PART I: BURSARY COMMITTEE (For Official Use Only)

Was the form duly filled and signed? Yes () No ()

Have all the supportive documents been attached? Yes () No ()

Approved

Not Approved

Disqualified

If approved amount awarded (Kshs).....

Officials

Name	Designation	Signature	Date
1.			
2.			
3.			
4.			