



**NATIONAL GOVERNMENT CONSTITUENCY DEVELOPMENT FUND
BURSARY APPLICATION FORM FOR STUDENTS IN SECONDARY SCHOOLS,
COLLEGES AND UNIVERSITIES**

ELDAS CONSTITUENCY

SERIAL NO: NGCDF/IEBC

NO/BURS/2021/..... (To be completed by Bursary Committee)

INSTRUCTION: Kindly provide your information in eligible **CAPITAL** Letters.

NB: Submission of incomplete form may lead to disqualification. All duly filled forms to be delivered at NG-CDF Office in Eldas on or before **4th May 2021**

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

I. Personal, institutional and others details

Full name of student <i>(As it appears in ID/ Official documents)</i>	
Gender	
Date of birth	
ID Number/Passport No. <i>(Where Applicable)</i>	
Name of school/College/University	
Adm. No/Reg. No.	
Campus/Branch <i>(For Tertiary institution and University)</i>	
Faculty/Department	
Course of Study	

Mode of Study	Regular () Parallel () Boarding () Day ()
Class (Grade)/Year of Study	
Academic Year/semester/Term	
Course Duration (Years)	
Expected year and Month of completion	Month..... Year.....
Mobile No./Tel No.	
Physical Address	
Permanent Address	
Location	
Sub-Location	
Ward	
Institution's Postal Address	
Institution's Tel No.	
Amount Applied for (Kshs)	

Where applicable, please attach the relevant Supportive documents including the following (Letter of admission, fees structure and recommendation letter)

II. FAMILY BACKGROUND (Tick where applicable)

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)	

Attached photocopies of death Certificate(s) and verification letters from area chief/assistant chief (where applicable)

a) Father/Mother/Guardian

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

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

Type of Employment **(Tick Where Applicable)**

Permanent ()

Contractual ()

Casual ()

Retired ()

Self-employed ()

None ()

Main source of income.....

b) Indicate the names of siblings in school/college/university

Name	Secondary	College	University	Annual fees Payable

III. APPLICANTS ADDITIONAL INFORMATION

a) Have you received any financial support/bursary from NG-CDF in the past?

Yes () No ()

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

.....

- b) Have you received any financial support or Scholarship from other organization in the past? please provide details.....
.....
.....
- c) Do you suffer from any physical impairment (Disability)? Yes() No()
- d) Does any of your parents/guardians have any form of disability?
Yes () No ()
If yes, describe the disability.....
.....

IV. EDUCATION FUNDING HISTORY

- i) State the main source of funding for your education in the past (**Fill where applicable**)
 - a) In secondary school.....
 - b) In college.....
 - c) In university.....
- ii) Indicate other sources of funding if any
 - a) In secondary school.....
 - b) In College.....
 - c) In University.....

PART B: APPLICANTS ACADEMIC PERFORMANCE

- a) What is your average academic performance?
 - i) Excellent ()
 - ii) Very Good ()
 - iii) Good ()
 - iv) Fair ()
 - v) Poor ()
- b) Annual fees (as per fees structure) ksh
.....
- c) Last semester's/Term fee balance.....
- d) This semester's/Term fees.....
- e) Next semester's/Term fees.....
- f) 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..... Tel no.....

2. Name.....

Address..... Tel no.....

STUDENT’S/PARENT’S/GUARDIAN’S DECLARATION.

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

Applicant’s Full Name.....

Signature.....

Date.....

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

Guardian’s/Parent’s Full Name.....

Signature.....

Date.....

VERIFIED BY:

CHIEF/ASSISTANT CHIEF

Name of Area chief/Assistant Chief.....

Location/sub-location.....

Recommended ()

Not Recommended ()

Justification.....
.....
.....

Signature.....Date.....

Official Stamp.....

