



HOMA BAY TOWN CONSTITUENCY

Bursary Application Form

Serial No.

NG-CDF BOARD

Secondary School

DATE OF COLLECTION

DATE RETURNED

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APPLICANT'S GUIDANCE NOTES

1. This application form is issued **FREE OF CHARGE** by HOMA BAY TOWN NG-CDF and Constituency Office
2. Applicant must attach I.D. and voter's card photocopies of parents /guardian.
3. Applicant must attach COPY of current report form.
4. You are required to fill in all appropriate spaces as provided.
5. Incomplete bursary application forms will not be processed.
6. All the information provided will be cross-checked against information from other official public sources.
7. Bursary awarded is not transferable by the beneficiary.
8. Approved bursary awards will be paid directly to the **Institution** and **cannot** be converted to cash payments to the applicant.
9. The needs for all beneficiaries will be considered on application and canvassing is prohibited.
10. If single or both parents are dead, you must attach support document e.g. burial permit / death certificate.
11. Disability e.g. physically challenged: You must attach support document, letter explaining disability or other disadvantages and circumstance.
12. Cheating if detected, will lead to automatic disqualification.
13. Students joining form ONE MUST provide calling /admission letter and a Leaving School Certificate from the immediate former Primary School signed and endorsed with an official stamp.
14. **To all students:** those joining form ONE or those continuing in forms 2, 3 and 4 must provide the correct information by filling in the spaces below: -

Total Fees (Annual): _____ **Paid/Able to raise:** _____ **Balance** _____

FOR OFFICIAL USE ONLY: Received by _____ Serial No. _____
 Signature _____ Date _____

PART A.

NAME OF APPLICANT: _____ FORM _____
 COUNTY _____ SUB COUNTY _____
 WARD _____ LOCATION _____
 SUB – LOCATION _____ VILLAGE/ESTATE/UNIT _____
 PARENT / GUARDIAN _____
 ID No. _____ VOTERS CARDS (Parent/Guardian) _____
 Contact: _____ (Mobile) Parent's/Guardian's

PART B STUDENT'S PERSONAL AND INSTITUTION'S OR COURSE DETAILS.

1. Full Names: _____

2. a) Male (____) Female (____) Tick One. Date of birth _____

Name of School _____ Admission No. _____ Form _____

School /Institution Acc. No. _____ Bank _____

Total Fees: _____ Paid/Able to raise: _____ Balance _____

b). **FOR FRESH STUDENTS** please attach admission instructions while those continuing you must state correctly current form /class whether 1, 2, 3, or 4.

c) **SCHOOL CATEGORY:** NATIONAL EXTRA COUNTY COUNTY PRIVATE

FORM I (ONE) APPLICANTS ONLY

3. **REMARKS:** Former Primary School Head Teacher's

Academic Performance

Excellent _____ V. Good _____ Good _____ Fair _____ Poor _____

I declare to the best of my knowledge that the above information is TRUE or the applicant to attach a relevant copy of a certified school leaving certificate.

Name Signature Date & Official Stamp.

PART C: STUDENT'S FAMILY INFORMATION.

1. Father's Name _____ Alive /Dead.....

2. Mother's Name _____ Alive/Dead.....

3. Guardian /Sponsor Name _____ Occupation/ Profession _____

Relation to applicant _____ Contact _____ (Mobile)

4. **DISABILITY:** Blind / Deaf / physically challenged. (attach evidence)

5. From poor household: YES NO (Tick One)

6. Who has been paying for your education? (Tick)Parent Guardian Sponsor / Well wishers

7. How many brothers / sisters do you have?

a) How many are in secondary

b) How many are in post-secondary institutions?

8. Have you ever received Bursary Support:

1. **YES/ NO** If yes how much AMOUNT YEAR

2. Others (Please specify the source, amount and year)

PART H: SCHOOL VERIFICATION (attach necessary documents)

For continuing students

Class / Form _____ Class position _____

Term I /II/III.

Student Discipline / Conduct (Tick One Only)

Excellent V. Good Fair Poor

Student's Academic Performance:

Excellent V. Good Good Fair Poor

Confirm Admission Number _____

I declare that the above-named student is in this institution.

Principals / Director of Studies

Name

Signature

Date & Official Stamp.

PART I - FOR OFFICIAL USE ONLY NG-CDF BURSARY COMMITTEE.

Following the Bursary Committee meeting held on _____ the applicant's request for Bursary is hereby recommended / not recommended. If not recommended give reasons:

Bursary award: Kshs. _____ **Score**

Officials

Name	Designation	Signature
1.		
2.		
3.		
4.		