



Serial No.

NATIONAL GOVERNMENT CONSTITUENCIES DEVELOPMENT FUND
KITUTU CHACHE SOUTH CONSTITUENCY
SECONDARY BURSARY APPLICATION FORM FY 2022/2023

Guidelines on disbursement of bursary

1. Kitutu Chache South NG-CDF Committee shall decide the ceiling of **EDUCATION BURSARY** allocation for each financial year.
2. Applicants **MUST** be bonafide residents of **KITUTU CHACHE SOUTH CONSTITUENCY**.
3. Application forms can be obtained from Kitutu Chache South NG-CDF office, Mosoch.
4. Duly filled forms shall be returned to the NG-CDF offices for vetting by the Constituency NG-CDF Bursary Subcommittee.
5. The Bursary Subcommittee shall forward all the vetted application forms in order of **MERIT/PRIORITY** (most needy cases) to the Kitutu Chache South NG-CDF Committee for final allocation and disbursement of funds.
6. **THE DECISION OF THE KITUTU CHACHE SOUTH NG-CDF COMMITTEE SHALL BE FINAL.**
7. Application forms must be accompanied with photocopies of
 - a. National Identity Card
 - b. Institutional/Student's Identity Card
 - c. Admission letter to the relevant institution and/or authentic document(s) showing admission/registration number
 - d. **And other key documents as indicated on the form.**
8. Application will not be processed if the form is not dully filled or sufficient photocopied attachments have not been attached. **SCANNED COPIES ARE NOT ALLOWED!**
9. Names of successful applicants shall be displayed for public viewing at the NG-CDF offices and other public places.
10. Bursary cheque for successful applicants will be sent directly to the respective institutions **BUT NOT** to individuals.

**FILLED APPLICATION FORMS WILL BE RECEIVED AT THE NG-CDF OFFICES FROM
10TH JANUARY 2022 TO 31ST JANUARY 2023**

INSTRUCTIONS: Kindly provide your information in legible CAPITAL letters
NB: Submission of an incomplete form may lead to disqualification. All dully filled forms to be delivered to the NG-CDF Offices at Mosocho and Nyanchwa.

PAATA: TO BE FILLED BY THE APPLICANT/PARENT/GUARDIAN

L Personal, Institutional and Other Details

Full Name of Student (As it appears in Official documents)	
Gender	
Date of Birth	
Name of School	
Adm. No.	
Class	
Term	
Parent's Mobile No./Tel No.	
Physical Address	
Permanent Address	
Location	
Sub Location	
Ward	
School's Postal Address	
School's Tel. No	
Amount Applied for (Kshs)	

Where applicable, please attach the relevant supportive documents including the following: letter of admission, Fees structure, Recommendations

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)	

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

a) Father

Name Address

TeL No. Occupation

Type of employment (Tick where applicable)

- Permanent ()
- Contractual ()
- Casual ()
- Retired () Self-employed () None ()

Main Source of Income

b) Mother

Name Address

TeL No. Occupation

Type of employment (Tick where applicable)

- Permanent ()
- Contractual ()
- Casual ()
- Retired () Self-employed () None ()

Main Source of Income

c) Guardian (Where applicable)

Name..... Address

Tel. No. Occupation

Type of employment (*Tick where applicable*)

Permanent ()

Contractual ()

Casual ()

Retired () Self-employed () None ()

Main Source of Income

d) Indicate the names of siblings in school/college/University this year;

Name	Secondary	Colleges	University	Annual Fees payable

/// APPLICANT'S ADDITIONAL INFORMATION

a. Why are you applying for a bursary?

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? Please provide details:

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

e. Do you have any other disability or any chronic illness? If yes, kindly describe and provide evidence
Yes () No ()

f. Does any of your parents/guardians have any form of disability? Yes () No ()
If yes, describe the disability

g. Does any of your parents/guardians suffer from any other chronic disabling medical condition?
Yes ()
No ()

If yes, describe the disability

17. 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: APPLICANT'S ACADEMIC PERFORMANCE

- a) What is your average academic performance?
 - i. Excellent ()
 - ii. Very Good ()
 - iii. Good ()
 - iv. Fair ()
 - v. Poor ()
- b) Have you been sent away from school? Yes.....No.....
If yes provide reasons for your absence.....
- c) Specify number of weeks you stayed away from school.....
- d) Annual fees (as per fee structure)
Kshs.....
.....
- e) Last Semester's/Term Fee balance.....
- f) This Semester's/Term Fees
- g) Next Semester's/Term fees.....
- 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.....

2) Name.....
Address
Telephone

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 my 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:

a) *Religious Leader*

Full Name.....

Name of the Religion.....

Type of Religion:

Christian () Muslim () Hindu () Other () If other specify

Recommendation:

Recommended () Not recommended ()

Remarks:

Signature.....

Official Stamp..... Date.....

b) *Chief/Assistant Chief*

Name of area Chief/Assistant Chief

Location/Sub-location

Recommendation:

Recommended () Not recommended ()

Justification:

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

Official Stamp.....

c) *To be filled and stamped by relevant institutional authority*

Name of Institution..... Tel.

Postal address..... Physical Address.....

I declare thatis a student at this institution whom my comments are:

Level of need

Discipline

Academic performance:

I certify that the above information is correct

Name..... Signature..... Date.....

(Official stamp)

Designation.....

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/Guardian National ID Card
3. Photocopy of Student's National ID Card (Mandatory for post-school students)
4. Photocopy of Birth Certificate
5. Photocopy of the College/University ID Card
6. Parent (s) Death Certificate or Burial Permit (For Orphans)
7. Current fees structure (Compulsory for all applicants)
8. Institution Admission letters (Compulsory for Colleges/University Students)
9. Any other relevant supportive document

(Please note that this form will not be received and processed by the Kitutu Chache South NG-CDF office if not dully filled or the appropriate photocopied documents attached. SCANNED COPIES NOT ALLOWED)

F.O. OFFICIAL USE ONLY (To be filled by NG-CDF Bursary Committee)

RECEIVED BY SIGNATURE..... DATE.....

The form was duly filled and signed Yes () No ()

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

Recommended for approval ()

Not recommended for approval ()

Reason for non-approval

.....

Signed:

Chairman Date.....

Secretary Date.....