

# NATIONAL GOVERNMENT CONSTITUENCIES DEVELOPMENT FUND

## KABONDO KASIPUL CONSTITUENCY



### Bursary Application Form

Serial No.

FY. 2024/2025

## SECONDARY SCHOOLS

DATE OF COLLECTION

.....

DATE RETURNED

.....

### APPLICANT'S GUIDANCE NOTES

1. This application form is issued **FREE OF CHARGE** by Kabondo Kasipul NGCDF 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.

STUDENT NAME \_\_\_\_\_ YEAR OF STUDY \_\_\_\_\_

SUB COUNTY \_\_\_\_\_ DIVISION \_\_\_\_\_

WARD \_\_\_\_\_ LOCATION \_\_\_\_\_

SUB – LOCATION \_\_\_\_\_ VILLAGE/ESTATE/UNIT \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

CONTACT \_\_\_\_\_ ID NO \_\_\_\_\_

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

1. Full Names: \_\_\_\_\_ Adm. No. \_\_\_\_\_
2. a) Male (\_\_\_\_) Female (\_\_\_\_) Tick One (  ) b) Date of birth \_\_\_\_\_
- a) Name of School \_\_\_\_\_ School Code \_\_\_\_\_
- NEMIS Number \_\_\_\_\_ M.o.E Code \_\_\_\_\_
- 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 year /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 from:
1. NGCDF YES/ NO AMOUNT  YEAR
2. Others (Please specify the source, amount and year)

**PART D. APPLICANTS SIBLINGS IN SCHOOL / INSTITUTION.**

Names	Relationship	School / Institution	Year or Class	Total Fees	Outstanding Balance
<b>GRAND TOTAL</b>					

**PART E: INFORMATION ABOUT FAMILY FINANCIAL STATUS.**

FREE

**1. GROSS INCOME IN THE LAST 12 MONTHS (KSHS)**

Gross Income (this means income from salary, business or farming)

	Father	Mother	Husband	Wife	Guardian / Sponsor
<b>GROSS INCOME</b>					

**PART F: RECOMMENDATION**

**a) Area Chief / Assistant Chief/Religious Leader-**

Comment on the student/family/parent status.

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\_\_\_\_\_

Name
Signature
Date & Official Stamp.

**PART G: DECLARATIONS.**

**1. STUDENT'S DECLARATION**

I declare that to the best of my knowledge, the information given herein is true and I am aware that giving false information will lead to automatic disqualification.

\_\_\_\_\_

Name
Signature
Date.

**2. PARENT / GUARDIAN DECLARATION**

I declare that I have read this form/ this form has been read to me and I hereby confirm that the information given is true to the best of my knowledge.

\_\_\_\_\_

Name (Parent /Guardian)
Signature
Date.

**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  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 BY KABONDO KASIPUL 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

Chairman's Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Secretary's Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Any Committee member's Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_