



**NATIONAL GOVERNMENT CONSTITUENCIES DEVELOPMENT FUND  
UGENYA CONSTITUENCY  
BURSARY APPLICATION FORM FOR PERSONS WITH DISABILITY IN SPECIAL  
PRIMARY, SECONDARY SCHOOLS, COLLEGES AND UNIVERSITIES**

**SERIAL NO: NGCDF/IEBC NO/BURS/2020/2021.....**

**DEADLINE FOR SUBMISSIONS: 1<sup>st</sup> DECEMBER, 2020**

**INSTRUCTIONS:** Kindly provide your information in legible CAPITAL letters.

**NB:** NB: Submission of incomplete form may lead to disqualification. All dully filled forms to be delivered to the NG-CDF Office at Segwa Town, Along the Kisumu – Busia Highway.

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

**I. Personal, Institutional and Other 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, Recommendations)*

**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)	

*(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)**

Full 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

**III. 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? Describe  
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: 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.....

**FOR OFFICIAL USE ONLY (To be filled by NG-CDF Bursary Committee)**

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 .....

**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 Secondary/College/University ID Card
6. Parent (s) Death Certificate or Burial Permit (*For Orphans*)
7. Current fees structure (*Compulsory for all applicants*)
8. School/Institution Admission letters (*Compulsory for Colleges/University Students*)
9. Any other relevant supportive document.

**FOR THE HEAD TEACHERS OF SPECIAL SCHOOLS PLEASE NOTE THAT NO FORM WILL BE ACCEPTED IF IT IS INCOMPLETE AND IF IT DOES NOT HAVE EVIDENCE THAT THE STUDENT DOES INDEED COME FROM UGENYA IN THE FORM OF PHOTOCOPY OF ID FROM AT LEAST ONE OF THE PARENTS, AS WELL AS EVIDENCE THAT THE STUDENT IS CURRENTLY ENROLLED IN SCHOOL.**



