



Serial No.

FY- 2019/2020

# NATIONAL GOVERNMENT CONSTITUENCIES DEVELOPMENT FUND KASIPUL CONSTITUENCY

OFF OYUGIS - KISUMU ROAD  
OPPOSITE OYUGIS POLICE STATION

Visit our Website  
Website: [www.cdf.go.ke](http://www.cdf.go.ke)

P.O Box 264 - 40222 OYUGIS  
E-mail: [cdfkasipul@ngcdf.go.ke](mailto:cdfkasipul@ngcdf.go.ke)

## TERTIARY INSTITUTIONS BURSARY APPLICATION FORM

### INSTRUCTIONS TO APPLICANTS

1. This application form is issued **FREE OF CHARGE** by Kasipul NG-CDF Office
2. Applicant must attach photocopy of his/ her I.D. and voter's card
3. Applicant must attach photocopy of the parents / guardian ID and voter's card.
4. Bursary awarded is not transferable by the beneficiary.
5. Approved bursary awards will be paid directly to the **Institution** and **cannot** be converted to cash payments to the applicant.
6. If single or both parents are dead, you must attach support document e.g. burial permit / death certificate.
7. Disability e.g. physically challenged: You must attach support document, letter explaining disability or other disadvantages and circumstance.
8. The needs for all beneficiaries will be considered on application and canvassing is prohibited.
9. Cheating if detected, will lead to automatic disqualification.
10. All the information provided will be cross-checked against information from other official public sources.
11. You are required to fill in all appropriate spaces as provided.
12. Bursary application forms **NOT** dully filed will **NOT** be accepted.

### PART 1: STUDENT'S PERSONAL DETAILS

FULL NAME \_\_\_\_\_  
FIRST MIDDLE LAST

NATIONAL ID NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

STUDENT TEL NO. \_\_\_\_\_ POSTAL ADDRESS \_\_\_\_\_

LOCATION \_\_\_\_\_ SUB LOCATION \_\_\_\_\_ VILLAGE \_\_\_\_\_

WARD \_\_\_\_\_ POLLING STATION \_\_\_\_\_

GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

MARITAL STATUS: SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_

NAME OF SPOUSE \_\_\_\_\_ (IF MARRIED ATTACH ID OF THE SPOUSE)

**PART 2: PARENT'S / GUARDIAN'S DETAILS**

BOTH PARENTS ALIVE\_\_\_\_\_ PARTIAL ORPHANS\_\_\_\_\_

TOTAL ORPHANS\_\_\_\_\_ SINGLE PARENT\_\_\_\_\_

*(If one or both parents are deceased, attach death certificate(s)).*

NAME OF FATHER\_\_\_\_\_ OCCUPATION\_\_\_\_\_ CONTACT\_\_\_\_\_

NAME OF MOTHER\_\_\_\_\_ OCCUPATION\_\_\_\_\_ CONTACT\_\_\_\_\_

NAME OF GUARDIAN\_\_\_\_\_ OCCUPATION\_\_\_\_\_ CONTACT\_\_\_\_\_

PHYSICAL/ POSTAL ADDRESS\_\_\_\_\_

**PART 3: EDUCATION HISTORY**

INSTITUTION	NAME OF INSTITUTION	LEVEL	YEAR	GRADE
COLLEGE				
SECONDARY				
PRIMARY				

**PART 4: COLLEGE PARTICULARS**

NAME OF THE LEARNING INSTITUTION \_\_\_\_\_

ADDRESS\_\_\_\_\_ TEL\_\_\_\_\_ CAMPUS\_\_\_\_\_

ADM NO.\_\_\_\_\_ YEAR OF STUDY\_\_\_\_\_ YEAR & MONTH OF COMPLETION\_\_\_\_\_

ACCOUNT NAME OF THE INSTITUTION\_\_\_\_\_

COURSE OF STUDY (SPECIFY)\_\_\_\_\_

POST GRADUATE\_\_\_\_\_ DEGREE\_\_\_\_\_ DIPLOMA\_\_\_\_\_ CERTIFICATE\_\_\_\_\_

**PART 5: CONFIRMATION BY THE COLLEGE HEAD OF DEPARTMENT / REGISTRAR**

NAME\_\_\_\_\_ DESIGNATION\_\_\_\_\_

BRIEF COMMENT\_\_\_\_\_

DATE\_\_\_\_\_ SIGNATURE\_\_\_\_\_ OFFICIAL STAMP\_\_\_\_\_

**PART 6: BURSARY REQUEST**

TOTAL FEE PAYABLE PER YEAR 'KSHS' \_\_\_\_\_ AMOUNT ABLE TO RAISE 'KSHS' \_\_\_\_\_

AMOUNT RECEIVED FROM: HELB 'KSHS' \_\_\_\_\_ OTHER SOURCES 'KSHS' \_\_\_\_\_

AMOUNT REQUESTED 'KSHS' \_\_\_\_\_ (ATTACH THE FEE STATEMENT)

**PART 7: DECLARATION**

I DECLARE THAT THE INFORMATION GIVEN HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PART 8: CERTIFICATION BY EITHER: CHIEF, ASSISTANT CHIEF OR RELIGIOUS LEADER**

NAME \_\_\_\_\_ DESIGNATION \_\_\_\_\_

BRIEF COMMENT \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ OFFICIAL STAMP \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**PART 9: CHECK LIST FOR OFFICIAL USE DURING SUBMISSION AT THE NG-CDF OFFICE**

NO.	ITEM DESCRIPTION	STATUS (YES) (NO) (N/A)
1.	NAME DULLY FILED	
2.	ADMISSION NUMBER	
3.	COPY OF STUDENT NATIONAL ID AND VOTERS CARD	
4.	COPY/IES OF PARENT/S ID AND VOTERS CARD	
5.	COPY OF SPOUSE ID AND VOTERS CARD TO PROVE RESIDENCE IF MARRIED	
6.	COPY OF STUDENT COLLEGE ID	
7.	FEE STATEMENT	
8.	COPY/IES OF DEATH CERTIFICATES FOR ORPHANS	

**RECEIVED BY:**

NAME: \_\_\_\_\_ DESIGNATION: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**PART 10: FOR OFFICIAL USE BY NG-CDF BURSARY SUB COMMITTEE**

RECOMMENDED \_\_\_\_\_ NOT RECOMMENDED \_\_\_\_\_ DEFERRED \_\_\_\_\_

JUSTIFICATION \_\_\_\_\_

AMOUNT AWARDED 'KSHS' \_\_\_\_\_

OFFICIAL'S NAME \_\_\_\_\_ DESIGNATION \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_