



004314

Serial No.
(To be provided on submission of the form)

Date of submission.....

NATIONAL GOVERNMENT CONSTITUENCIES DEVELOPMENT FUND

Kaloleni constituency
P. O Box 222 (80105) Kaloleni Kenya
Cell: +254728102443

Email: ngcdfkaloleni@cdf.go.ke Website: www.ngcdf.go.ke

BURSARY APPLICATION FORM

A. INSTRUCTIONS

(Applicants are advised to kindly read these instructions before they start filling the form)

1. The form should be dully filled and signed in order for the applicant to be considered for awarding.
2. Applicants should give information that is true to their knowledge.
4. For students who have not commenced their studies, a copy of the admission letter should be attached.
5. Applicants should attach **COPIES** (not originals) of all relevant documents as indicated in each section.
6. Applicants in secondary schools should attach a copy of the latest report form / Fee Structure
7. Any lobbying will lead to direct disqualification of the applicant.

B. PERSONAL INFORMATION

1. Name of Applicant

Surname First Name..... Middle name.....

(As they appear on ID / School ID)

2. ID No.....

3. Sex Male Female

Date of birth

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4. Do you have any disability? YES (Specify)..... NO

5. Are you currently employed? YES NO

6. If yes state nature of employment Permanent Contract Casual Others

7. Ward..... Location..... Sub Location..... Village.....

(Attach copy of National Identity card)

Mobile No..... Address.....

C. INSTITUTION INFORMATION

Name of institution

Admission / Registration No.

P. O. BOX..... Physical Location.....

State the category you applying for (Tick appropriately)

Medical Training College

Secondary

Teachers Training College

Professional College

University

Special

5. Course: Certificate Diploma Degree Others (specify).....

6. Which year of study are you?

7. Annual Fees payable (ksh) Outstanding balance (if any) Ksh.....

(Attach supporting documents i.e. fee structure, letter from institution)