

SERIAL NO:

NORTH HORR CONSTITUENCY

NATIONAL GOVERNMENT CONSTITUENCY DEVELOPMENT FUND



P.O Box 162-60500

Marsabit, Kenya

Tel: 0791 291 254

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BURSARY APPLICATION FORM FY: 2021/2022

SECONDARY SCHOOLS/TERTIARY COLLEGES AND PUBLIC/PRIVATE UNIVERSITIES

INSTRUCTIONS

- The form must be filled in **BLOCK LETTERS**.
- Application forms can be obtained from NG-CDF North Horr Constituency office (**MARSABIT**).
- Canvassing will lead to automatic disqualification
- Bursary cheques will be released directly to the respective institutions BUT NOT to Individuals.
- NB: Submission of incomplete form may lead to disqualification.
- All duly filled forms to be delivered to the **NORTH HORR NG-CDF Office (MARSABIT)** for vetting & processing.

REQUIREMENTS FOR UNIVERSITY COLLEGE & REQUIREMENTS FOR SECONDARY SCHOOL

- **Institution's fees statement. (MANDATORY)**
- **Admission letter(MANDATORY)**
- **Latest academic slip/transcript. (MANDATORY)**
- **Student ID and National ID.(MANDATORY)**
- **For students with Disability, a letter explaining the nature of disability from a Chief, Assistant Chief, Head teacher, Government medical Officer or Religious leader. (MANDATORY)**
- **For continuing Secondary Students, ensure you attach a copy of the previous term's Report Form, student ID, Birth Certificate and Parents ID. (MANDATORY).**
- **For Form One students, ensure you attach a copy of your primary school leaving Certificate, Birth certificate and KCPE 2019/2020 result slip. (MANDATORY)**
- **For Total and Partial Orphans, ensure that you attach copies of Death Certificates, Burial Permit or a letter from your area Chief. (MANDATORY)**
- **The filled form should be returned to the North Horr NG-CDF Marsabit Satellite Office Located behind County Commissioner's office latest by **31st December, 2021** at 5.00 pm and should be acknowledged. Late applications will not be considered.**

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

PERSONAL, INSTITUTIONAL AND OTHER DETAILS

Name of Student (as it appears in ID/official documents)

.....

GENDER: MALE () FEMALE () (tick appropriately)

DATE OF BIRTH.....(DD/MM/YY)ID. NO./PASSPORT NO:

NAME OF SCHOOL /COLLEGE / UNIVERSITY.....

.....

ADMISSION/REGISTRATION NUMBER.....

CAMPUS/BRANCH :(for tertiary institution and University)

FACULTY/DEPARTMENT :(for Tertiary Institution and University)

COURSE OF STUDY :(for tertiary institution and University)

MODE OF STUDY: Regular () Parallel () Boarding () Day () (tick appropriately)

CLASS/GRADE/YEAR OF STUDY: COURSE DURATION..... (in years)

EXPECTED YEAR AND MONTH OF COMPLETION (MMYY)

MOBILE /TELEPHONE NUMBER.....

WARD..... LOCATION..... SUBLOCATION

PHYSICAL ADDRESS:

INSTITUTION'S POSTAL ADDRESS.....

INSTITUTION'S TELEPHON NUMBER

AMOUNT APPLIED FOR (Kshs.):

PART B: FAMILY INFORMATION

FATHER'S NAME.....

OCCUPATION/PROFESSION:

TELEPHONE NO.P.O.BOX.....

MOTHER'S NAME

OCCUPATION/PROFESSION:

TELEPHONE NO.P.O.BOX

GUARDIAN'S NAME

OCCUPATION/PROFESSION:

TELEPHONE NO.P.O.BOX.....

BOTH PARENT ALIVE: YES NO

SINGLE PARENT: YES NO

ANY DISABILITY: YES NO

(ATTACHED DEATH CERTIFICATE, LETTER EXPLAINING DISABILITY)

If both parents are dead who pays for your education?

Guardian sponsorany other (indicate)

Have you ever benefited from NG-CDF North Horr bursary allocation? Yes No.

If yes, indicate the amount (ksh): year

PART C: DECLARATIONS

STUDENT'SDECLARATION

I declare that I have read this form/this form has been read to me and I hereby confirm that the information given here in is true to the best of my knowledge and belief; understand that any false information provided shall lead to my automatic disqualification by the committee.

Student's Signature..... Date.....

PARENT'S/GUARDIAN'SDECLARATION

I declare that I have read this form/this form has been read to me and I hereby confirm that the information given here in is true to the best of my knowledge and belief; understand that any false information provided shall lead to disqualification of the student by the committee.

Parent's /Guardian's Name..... Date..... Sign.....

PART D: CHIEF

Comment on the status of the family /parent/guardian and applicant

I certify that the information given above is correct.

Name _____ Signature _____

PART E: TO BE COMPLETED BY THE INSTITUTION

(To be completed by Head of institution /Accounting/ Finance Officer)

Name of College registrar/principal/Finance Department.....

Name of Institution:

Institution Account Name:

Institution Address:

Student Name:

Admission/Registration No.....

Outstanding fees.....

Course of Study (Specify)

Post Graduate Degree Diploma Certificate others

Mode of Study

Regular Parallel School based Part time

Signature & stamp _____

PART F: FOR OFFICIAL USE ONLY

Recommended for Bursary award () Not recommended for Bursary award () (tick appropriately)

Bursary awarded Kshs..... Reasons.....

Secretary's Name..... Signature..... Date.....

Chairman's Name..... Signature..... Date.....

Verified by: **Fund Account Manager:**

Signature and StampDate