



**National Government Constituencies Development Fund
Subukia Constituency**

P.O Box 86.
Subukia

Email: subukia@cdf.go.ke

**BURSARY APPLICATION FORM FOR SPECIAL CASES (PERSONS WITH
DISABILITIES) F/Y 2019/2020**

NB: kindly provide your information in bold/capital legible letters

SERIAL NO:

WARD:.....VILLAGE/ESTATE.....

PART A: TO BE FILLED BY THE STUDENT (personal and institutional details)

1. Full names.....
2. SEX male() female ()
3. Date of birth (.....) Adm no(.....) class()

ID NO..... (Attach copy)

4. Name of school..... Year.....

School address.....

Tel.....

5. Day scholar (....) boarder (.....)

For those students joining form 1 (please attach school invitation letter and fees structure)

For continuing students in form 2, 3, or 4 (attach report form)

Total fees paid/able to raise outstanding balance

Ksh () Ksh () Ksh()

PART B: FAMILY BACKGROUND. (Tick where applicable)

(1) Tick appropriately

Total orphan.....

Partial orphan.....

Any disability.....

(Attach support document e.g. death certificate, photo of disabled parent, letter explaining disability or other disadvantage/circumstance from chief, religious leader, prominent reference.)

Father's/ guardians name.....

Occupation/ profession.....

Mother's/ guardians name.....

Occupation/ profession.....

- If both parents are not alive, who has been paying for your education? (specify)
Guardian.....

Sponsor/well wisher names.....signature.....phone
number.....

PART C: UNIVERSITY/ COLLEGE VERIFICATION

NAME OF INSTITUTION.....

I confirm that the applicant is known by the above names and is a registered student in this institution and that the personal details and information on college/ university fee provided are true to the best of my knowledge.

Name of principal/ dean: signature.....

Address..... TEL. NO.....

Account name of the institution.....

FINANCE DEPARTMENT

Total fee.....paid/able to raise.....outstanding balance..... (Attach fee structure)

Has the student ever benefited from constituency bursary fund? YES () NO () if Yes state amount.....

Has the student ever benefited from any other bursary fund? (State the kind of bursary e.g. county bursary or bursary from ministry of education).....

If yes state the amount KShsfinancial year.....

General information about the student.....

Bank Name..... Bank Branch.....

Account Number.....Address.....Postal code.....

FINANCE OFFICER (full names).....signature.....date.....

CONTACTS.....

EITHER: CHIEF/SUB-CHIEF

Comment on the status of student family

.....
.....

I certify that the information given is correct

Name.....signature.....

Date..... (Official stamp).....

Position/designation.....

NB: ATTACH ALL SUPPORTING DOCUMENTS

- Student id card/any other evidence
- Recent fees structure
- Performance evidence report.
- Death certificates/photo of the disabled parent/student

PART D: BURSARY COMMITTEE (FOR OFFICAL USE ONLY.)

Was the form duly and signed? Yes () No ()

Have the entire supportive document been attached? Yes () No ()

If not approved give reasons for disqualification.....

If approved amount awarded KShs.....