



REPUBLIC OF KENYA

CONSTITUENCIES DEVELOPMENT FUND.

SUBUKIA CONSTITUENCY DEVELOPMENT FUND COMMITTEE.

P.O BOX: 86-20109 SUBUKIA

NAKURU – NYAHURURU ROAD,
SUBUKIA CENTER
SUBUKIA

TELEPHONE:

BURSARY APPLICATION FORM FOR TERTIARY INSTITUTIONS (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)

Names	Surname:	Other names:
College		
Branch		
Student's Adm No.		
ID Number		
Gender		
Residential/Postal Address		
Mobile no. /Tel no.		
Amount Applied for (KShs)		

PART B: FAMILY BACKGROUND. (Tick where applicable)

Kindly indicate your family status:

Orphan () partial orphan () single parent () both parents alive () both parents alive but very needy ()

Fathers Detail (Living/Deceased)

Name: _____

ID No. _____ Tel: _____

Occupation/Profession: _____

Type of employment (tick where applicable); permanent.....contractual.....casual.....

Gross Income: _____

Sign: _____

Mother Details (Living/Deceased)

Name: _____

ID No. _____ Tel: _____

Occupation/Profession: _____

Type of employment (tick where applicable); permanent.....contractual.....casual.....

Gross Income: _____

Sign: _____

Guardians' Details

Name: _____

ID No. _____ Tel: _____

Occupation/Profession: _____

Type of employment (tick where applicable); permanent.....contractual.....casual.....

Gross Income: _____

Sign: _____

Indicate the names of siblings in school this year;

NO	Name	Secondary	College/university	Fees payable
1				
2				
3				

PART C: FINANCIAL INFORMATION.

Total Fee: _____ Paid/Able to raise: _____ Outstanding Balance: _____

Attached current fees structure plus payment receipts (photocopy)

Declaration of any other assistance offered from other quarter's e.g. HELB (if any)

Organization _____ Amount: _____

PART D: STUDENT DECLARATION

I hereby declare that the information provided herein is true to the best of my knowledge and belief and that any false information provided shall lead to automatic disqualification by the committee.

Applicant’s Full Name.....signature.....Date.....

PART E: INSTITUTION FINANCE OFFICER/accountant to verify

i. Annual fees payable KShs.....

Remarks.....

Full Names.....signature.....date &official stamp.....

Fees Paid.....Balance.....

Name of the Officer.....Position.....Signature.....

Physical Address of the school..... Date and Official Stamp.....

School Account Number.....Bank.....Branch.....

PART F: CHIEFS DECLARATION.

BRIEF DESCRIPTION OF THE STUDENTS FAMILY STATUS

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.....
.....

Location.....sub-location.....

I declare that the information given here is true to the best of my knowledge.

Name: _____ Signature: _____ date& official stamp _____

NOTE: ATTACH ALL SUPPORTIVE DOCUMENTS.

- 1. National I.D. card.
- 2. Recent fee payment receipt

N.B.APPLICATION FORM WITHOUT A COPY OF STUDENTS I.D. CARD/ADMISSION NUMBER. WILL BE REJECTED.

- 1. Any student who knowingly makes false statements in writing relating to any matter affecting the request of a bursary will be disqualified.
- 2. Forgery and making of illegal rubber stamps will lead to disqualification and prosecution
- 3. Incomplete application form will not be processed e.g. leaving blank spaces where information is required.
- 4. A form completed wholly with “not applicable” (N/A) will not be processed.
- 5. Approved bursaries will **ONLY** be credited to the institutions bank account and not to an individual’s account.

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

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

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

Approved.....

Not approved.....

Disqualified.....

If approved amount awarded (KShs).....

Subukia catc