

SERIAL NO: .....0460001.....

## LAISAMIS CONSTITUENCY

### NATIONAL GOVERNMENT CONSTITUENCY DEVELOPMENT FUND



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Marsabit, Kenya

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## BURSARY APPLICATION FORM FY: 2020/2021

### 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 Laisamis Constituency office (**MARSABIT**).
- Canvassing will lead to automatic disqualification
- Bursary cheques will be released directly to the respective institutions when learning resumes BUT NOT to Individuals.
- NB: Submission of incomplete form may lead to disqualification.
- All duly filled forms to be delivered to the **LAISAMIS 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 Laisamis NG-CDF Marsabit Satellite Office Located at Total Service Station Building latest by 3<sup>rd</sup> May, 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 INFORMATON**

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 ..... sponsor .....any other (indicate) .....

Have you ever benefited from NG-CDF Laisamis 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

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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 Stamp ..... Date .....