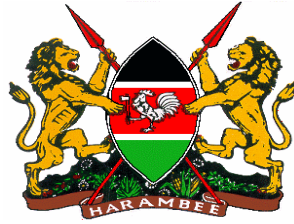


**NATIONAL GOVERNMENT- CONSTITUENCY  
DEVELOPMENT FUND KAJIADO WEST  
BURSARY FORM**



**KAJIADO WEST CDF OFFICE  
OLEPOLOS**

**SECONDARY / COLLEGE / UNIVERSITY BURSARY APPLICATION FORM FY 2018/2019**

FORM NUMBER.....

YEAR	<input type="text"/>	CONSTITUENCY	<input type="text"/>
DISTRICT	<input type="text"/>	DIVISION	<input type="text"/>
LOCATION	<input type="text"/>	SUB-LOCATION	<input type="text"/>
WARD	<input type="text"/>	VILLAGE/ESTATE	<input type="text"/>

**PART A: STUDENT PERSONAL DETAILS**

**1. FULL NAME**

<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Last</b>	<b>First</b>	<b>Middle</b>

**2. Sex:** Male  Female

**3. Date of Birth**  **Adm. No. / Reg. No.**  **Class**

**4. Name of School /College/ University**   
**Year**  **Personal Contacts**  **Inst. Contacts**

**FOR STUDENTS JOINING FORM 1/COLLEGE:** *[Please attach joining instructions]*

**A) SCHOOL ADMITTED**

National  Provincial  District  College  University

**A) FORMER PRIMARY OR SECONDARY SCHOOL ATTENDED (STUDENT JOINING FORM 1)**

I declare that to the best of my knowledge the above information is true or I attach the copy of leaving certificate

Name (CAPITALS).....

Signature..... Date & School Stamp.....

Contact Tel.....

**For Students either joining form 1/ College / University or continuing In Form 2, 3, or 4**

<b>Total fee</b>	
<b>Paid / able to raise</b>	
<b>Outstanding balance</b>	

**PART B. FAMILY INFORMATION**

(1) Tick Appropriately

Total Orphan		
Partial Orphan		
Both Parents alive		
Single Parent		
Any disability		

(Attach support documents e.g. letter explaining disability or other disadvantages)

- Guardian's Name .....
- Contact Tel. ....
- Occupation.....

How many Brothers and Sisters do you have? .....

How many are working / in business / farming? .....

How many are in Secondary School? .....

How many are in Post-secondary institutions? .....

(Attach support documents e.g. letter explaining disability or other disadvantage/circumstance, death certificate from Sub-Chief/Chief/Religious Leader/Other prominent reference)

(Please tick one option below)

1. Have you ever benefited from the CDF? YES  NO

2. If yes state the amount

**PART C: TO BE FILLED BY CHIEF OR SUB-CHIEF AND LBC CHAIRMAN**

Comment on the status of family / parent .....  
.....  
.....

I certify that the information given above is correct.

Name (CAPITALS) .....

Signature.....Date.....

Position / Designation.....

Contact Tel.....

Position / Designation .....

Contact Tel.....

(Official Stamp).....

**LOCATIONAL DEVELOPMENT / BURSARY COMMITTEE CHAIRMAN**

Comment on the status of family / parent.....  
.....  
.....

I certify that the information given above is correct.

Name (CAPITALS) .....

Signature..... Date.....

Contact Tel. ....

(Official stamp).....

**PART D: DECLARATION**

**1. STUDENT DECLARATION**

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

ID. NO. .... Voters card No..... (Attach both copies)

Signature..... Date.....

**2. PARENT / GUARDIAN DECLARATION**

**I declare that I have read this form / this form has been read to me and I hereby confirm that to the best of my knowledge the information given herein is true**

**Parent / Guardians Name (CAPITALS) .....**

**ID. NO. .... Voters card No..... (Attach copies)**

**Contact Tel. No: .....**

**Parent / Guardian’s Signature..... Date.....**

**3. SCHOOL / COLLEGE/ UNIVERSITY VERIFICATION**

**Head teacher / Principal / Dean of Academic believe comments on the student’s level of need, discipline and academic performance**

.....  
.....

**I declare to the best of knowledge the that the information given is true**

**Head Teacher/ Principal’s Name (CAPITALS) .....**

.....

**Contact Tel. No: .....**

**Head teacher / Principal Signature..... Date.....**

**School / College/ University (Official Name &Address).....**

**Official Stamp.....**

**PART E: FOR OFFICIAL USE ONLY BY BURSARY FUND COMMITTEE**

**Approved for Bursary**

<b>Approved</b>	
<b>Not Approved</b>	

**Reason for non-approval: .....**  
.....

**Bursary Awarded Kshs.....**

**Chairperson’s Name (CAPITAL).....**

**Signature..... Date.....**

**Official stamp.....**