



**NG~CDF GANZE
SECONDARY SCHOOLS BURSARY APPLICATION FORM
2020/2021**

TERMS AND CONDITIONS OF THE BURSARY:

1. Read the form carefully before filling it
2. Every Section of the form should be filled in correctly and in Capital Letters
3. Wrong information or lack of information in any of the sections will lead to immediate disqualification of the applicant
4. The Parent **MUST** attach a copy of National ID Card and Voter's Card
5. The Student **MUST** attach a recent copy of the Progress Report Card
6. The Student **MUST** attach copies of Admission Letter and Fee Structure from the Institution
7. Attach a copy of the Death Certificate if either of the parents is dead
8. Students or Parents with Special Needs should attach copy of assessment report/proof of disability

PART A: STUDENT'S PERSONAL DETAILS

1. STUDENT'S NAME
First Middle Surname
2. GENDER..... DATE OF BIRTH.....
3. NAME OF GUARDIAN/ FATHER/ MOTHER:
ID NO..... VOTER'S CARD NO.....
4. TELEPHONE NO.....
5. WARD LOCATIONSUB-LOCATION.....

PART B: SCHOOL INFORMATION

1. NAME OF SCHOOL
CATEGORY OF SCHOOL (Day/Boarding/National)
2. STUDENT'S ADMISSION NUMBER..... FORM/CLASS
3. DATE OF ADMISSION.....

PART C: SCHOOL VERIFICATION

STUDENT'S CONDUCT: EXCELLENT () GOOD () FAIR () POOR ()

TOTAL FEES..... PAID..... OUTSTANDING BALANCE.....

SCHOOL FEES ACCOUNT NAME:

SCHOOL FEES ACCOUNT NO:

SCHOOL TEL NO.....POSTAL ADDRESS.....

Brief comment on the student's level of need.....

.....

I declare that the above named is a student in this Institution and the information given herein is correct.

Name..... Signature & Stamp..... Date.....

Position / Designation.....

PART D: FAMILY INFORMATION

I. Tick as appropriate

| | | | |
|--------------------|--------------------------|-----------------|--------------------------|
| Both parents Alive | <input type="checkbox"/> | One parent Dead | <input type="checkbox"/> |
| Both parents Dead | <input type="checkbox"/> | Single Parent | <input type="checkbox"/> |
| Disability | <input type="checkbox"/> | | |

(Attach support documents such as death certificate, letter explaining disability or other disadvantage from hospital, chief or religious leader)

II. APPLICANT'S SIBLINGS IN EDUCATIONAL INSTITUTIONS

| NAME OF SIBLING/ GUARDIAN'S CHILD | NAME OF INSTITUTION | YEAR OF STUDY | TOTAL FEES | FEES PAID | OUTSTANDING BALANCE |
|--------------------------------------|------------------------|------------------|---------------|--------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Have you ever benefited from Ganze Constituency Bursary Fund?

Yes () No ()

If yes, state the amount given Kshs..... Year.....

PART E: CHIEF /ASSISTANT CHIEF

I certify that the applicant hails from my Location/Sub-location and the information given above is correct.

Name: Signature & Stamp..... Date.....

PART F: NG-CDF BURSARY COMMITTEE (FOR OFFICIAL USE ONLY)

| | | | |
|----------|--------------------------|--------------|--------------------------|
| APPROVED | <input type="checkbox"/> | NOT APPROVED | <input type="checkbox"/> |
|----------|--------------------------|--------------|--------------------------|

AMOUNT APPROVED.....

REMARKS.....

Signature of Chairperson Bursary Sub-Committee Date.....