



NG~CDF GANZE
UNIVERSITY AND COLLEGE 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. Each applicant **MUST** attach a copy of National ID Card and Voters Card (for students below the age of 18, copy of parent's ID and Voters Card should be attached)
5. The Student **MUST** attach a recent copy of the result slip
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..... ID NO.....
3. WARD LOCATIONSUB-LOCATION.....
4. STUDENT'S/GUARDIAN'S TELEPHONE NO.....

PART B: SCHOOL INFORMATION

1. COLLEGE /UNIVERSITY
CAMPUS.....
2. COURSE BEING UNDERTAKEN.....
3. STUDENT'S REGISTRATION NUMBER.....
4. YEAR OF STUDY (Indicate whether first, second e.t.c.).....
5. DURATION OF COURSE FROM TO.....
6. DATE OF ADMISSION.....
7. INSTITUTION ACCOUNT NAME.....
8. BANK ACCOUNT NUMBER AND BRANCH.....

PART C: COLLEGE /UNIVERSITY VERIFICATION

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

POSTAL ADDRESS.....

EMAIL ADDRESS.....

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

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 NOT APPROVED

AMOUNT APPROVED.....

REMARKS.....

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