



**NATIONAL GOVERNMENT CONSTITUENCY DEVELOPMENT FUND RABAI  
P.O. BOX 119-80114 MAZERAS, TEL 0703 155871 Email: cdfrabai@ngcdf.go.ke**

DATE COLLECTED..... DATE RETURNED.....  
**SECONDARY BURSARY APPLICATION FORM**

**PART A: STUDENT PERSONAL DETAILS**

1. APPLICANT'S NAME:..... GENDER:.....
2. LOCATION:..... WARD: ..... VILLAGE: .....
3. YEAR OF BIRTH ..... TEL: .....
4. SCHOOL .....ADM NO.....FORM.....
5. TOTAL FEES .....AMOUNT PAID.....OUTSTANDING BAL.....

**PART B: FAMILY INFORMATION**

6. FATHER'S NAME.....OCCUPATION.....ALIVE  DEAD
7. MOTHER'S NAME.....OCCUPATION.....ALIVE  DEAD

***ATTACH PARENT'S /GUARDIAN'S DEATH CERTIFICATE IF APPLICABLE***

**PART C: SCHOOL VERIFICATION**

STUDENT'S CONDUCT: EXCELLENT  GOOD  FAIR  POOR

SCHOOL BANK ACCOUNT.....

ACCOUNT NAME & NUMBER.....

I DECLARE THAT THE ABOVE NAMED IS A STUDENT IN THIS INSTITUTION

SIGNATURE & STAMP.....DATE.....

**PART D: MUST ATTACH:**

- ***PARENTS / GUARDIAN ID COPIES***
- ***EITHER PARENT'S / STUDENT'S DISABILITY CERTIFICATE IF APPLICABLE***
- ***FEE STRUCTURE***
- ***RECENT REPORT FORM***

**PART E: ASSISTANT CHIEF/CHIEF**

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT

NAME:.....

SIGNATURE AND STAMP.....DATE.....

**PART F: NG-CDFC OFFICIAL USE ONLY**

AMOUNT AWARDED.....DATE.....

SIGNATURE OF CHAIRPERSON OF NG-CDFC BURSARY SUB-COMMITTEE:.....



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**UNIVERSITY AND COLLEGE BURSARY APPLICATION FORM**

**PART A: STUDENT PERSONAL DETAILS**

1. APPLICANT'S NAME:..... GENDER.....  
 2. LOCATION:..... WARD: ..... VILLAGE: .....  
 3. YEAR OF BIRTH ..... TEL: .....

**PART B: INSTITUTION DETAILS**

4. NAME OF INSTITUTION.....  
 5. COURSE OF STUDY..... 6. REG NO.....  
 7. DURATION OF COURSE..... CAMPUS.....  
 8. YEAR OF ADMISSION..... YEAR & MONTH OF COMPLETION.....  
 9. TOTAL FEES..... PAID..... OUTSTANDING BALANCE.....

**PART C: FAMILY INFORMATION**

10. FATHER'S NAME..... OCCUPATION..... ALIVE  DEAD   
 11. MOTHER'S NAME..... OCCUPATION..... ALIVE  DEAD

**ATTACH EITHER PARENTS/GUARDIAN ID**

**PART D: INSTITUTION DETAILS: MUST ATTACH AND FILL**

- 1. CURRENT TRANSCRIPT.....**   
**2. FEE STRUCTURE.....**   
**3. INSTITUTION STUDENT ID.....**   
**4. APPLICANT'S NATIONAL ID.....**

SIGNATURE & STAMP..... DATE.....

**PART E: MUST ATTACH COPIES OF:-**

***1. EITHER PARENTS /STUDENTS DISABILITY CERTIFICATE IF APPLICABLE***

**PART F: ASSISTANT CHIEF/CHIEF**

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT

NAME:.....

SIGNATURE AND STAMP..... DATE.....

**PART G: NG-CDFC OFFICIAL USE ONLY**

AMOUNT AWARDED..... DATE.....

SIGNATURE OF CHAIRPERSON OF NG-CDFC BURSARY SUB-COMMITTEE:.....