

KONON NG-CDF BURSARY APPLICATION FORM FOR YEAR 2023

INSTRUCTIONS AND GUIDELINES *(Read carefully)*

1. This form must be filled accurately and completely in **CAPITAL LETTERS**
2. All incomplete or inaccurately filled forms will be automatically rejected
3. Copies of **ALL DOCUMENTS** required must be provided by the applicant.
4. Students in secondary schools, universities, polytechnics, special schools and government – affiliated colleges are eligible to apply.
5. All applicants **MUST** attach a copy of **Birth Certificate/National ID** as appropriate
6. The funds will cater for tuition fees **ONLY**.
7. Duly completed form should be returned to residential (local) primary school on or before **9th February, 2023. (Between 9th January 2023 and 9th February 2023)**
8. All Applications without properly indicated **STUDENT ADMISSION NUMBER/REGISTRATION NUMBER** shall be Automatically be disqualified

PART A: APPLICANT'S PERSONAL DETAILS.

I. PERSONAL DATA Full name of the applicant

First/Baptismal.....Middle.....Surname.....

Gender Female..... Male.....

D.O.B; D/M/Y/...../.....

Postal address: P.O Box Town/City..... Postal Code.....

Tel/Mobile number...../.....

Physical address: County.....Sub-County.....Ward.....

Location.....Sub-Location.....Village.....

	Check/Tick appropriately	PWD(tick appropriately)	Direction
Secondary			Go to PART B
Tertiary college			Go to PART C
University			Go to PART C

PART B: SECONDARY SCHOOL DETAILS.

Name of the school.....

Address of the school.....

Applicant's Adm. No.....*(Attach copy of Both student ID/Admission letter/Birth Certificate)*

Year of Admission..... Form.....

Annual school fees..... *(Attach fees structure certified by Inst.)*

PART C: INSTITUTIONAL DETAILS.

Name of the institution.....

Address of the institution.....

Applicant's Reg. No./Adm. No.....*(Attach copy of Both student ID/Admission letter/National ID)*

Year of Admission..... Course duration.....Years.

Current year of study.....

Course Programme: Regular.....SSP/Parallel.....School Based..... Programme

leading to: Degree.....Dip.....Cert.....Masters.....PHD.....Special Sch..... Annual

University/Tertiary collage fees..... *(Attach fees structure certified by Inst.)*

PART D: APPLICANT'S FAMILY INFORMATION**I. PARENTS' INFORMATION****FATHER'S DETAILS**

First Name..... Middle..... Surname.....
 ID No..... Living..... Deceased.....(**Attach death/burial cert**)
 Postal address: P.O Box Town/City..... Postal Code.....
 Tel/Mobile number...../.....
 Physical address: County.....Sub-County..... Ward.....
 Location.....Sub-Location.....Village.....
 Source of income..... **employee's number.....(Estate workers only)**

MOTHER'S DETAILS

First Name..... Middle..... Surname.....
 ID No..... Living..... Deceased.....(**Attach death/burial cert**)
 Postal address: P.O Box Town/City.....Postal Code.....
 Tel/Mobile number...../.....
 Physical address: County.....Sub-County..... Ward.....
 Location.....Sub-Location.....Village.....
 Source of income..... **employee's number..... (Estate workers only)**

Are your parents living together? Yes..... No.....

II. GUARDIANS' INFORMATION (IF NOT LIVING WITH PARENTS)

First Name..... Middle..... Surname.....
 ID No..... Relationship with student/applicant..... Postal
 address: P.O Box Town/City..... Postal Code..... Tel/Mobile
 number...../..... Physical address:
 County.....Sub-County.....Ward..... Location.....Sub-
 Location.....Village..... Source of
 income..... (**Attach National Identity Card**)

III. PARENTS'/GUARDIANS' INFORMATION

Indicator	Father/Male guardian	Mother/Female guardian	Other
Age of your parents/guardian			
Do any of your parents have any form of disability? Describe disability			
Does any of your parents/guardian suffer from a chronic disabling medical condition? Describe			
Are you living with both parents? If NOT explain			
Other; specify.....			

IV. SIBLING INFORMATION

List all your brothers and sisters starting with the oldest and what each is doing.
(if working, describe job and monthly salary; if in university/ collage state it; if in school state the form/ class; if in training describe it; a sister is married state the occupation of the husband; if brother is married show occupation of the wife)

S/No.	Name	Age	School/ Employer	Class/Position in employment
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

V. SKETCH A DIRECTIONAL MAP TO THE HOME FROM THE NEAREST LANDMARK

PART E: APPROVAL AND DECLARATIONS

I. HEADTEACHER OF THE LOCAL PRIMARY SCHOOL

(The serial No.in the form is the applicant's number in your school)

Name of the head teacher.....Phone No.....

Name of the School.....Address.....code.....

Official stamp.....Date.....

II. PROVINCIAL ADMIN (Chief/ Asst. Chief)/ ESTATE MANAGER (For estate employees)

Name of the Asst. Chief/ Chief.....Phone No.....

Name of the Sub-Loc./Loc.....Address.....code.....

Official stamp.....Date.....

III. ESTATE/FACTORY MANAGER OR ASST/MANAGER. (For estate/factory employees)

Name of the Estate.....Address.....code.....

Official stamp.....Date.....Tel./NO.....

Name of the manager.....sign.....

Payroll no.....

IV. APPLICANT'S DECLARATION

Ideclare that the information given above is true to the best of my knowledge and have fully understood that any wrong, false or inaccurate information will lead to disqualification. I authorize Konoin NG-CDF bursary committee to obtain such additional information concerning my educational program and financial records required to complete this bursary application. I also authorize Konoin NG-CDF bursary committee and its representatives to communicate and release information to those who are involved in making decisions relating to my educational plans including and not limited to my previous and future educational institutions, referees named in this form and MOE. I commit myself to working Hard and posting excellent results throughout my course.

V. PARENT'S/GUARDIAN'S DECLARATION

I confirm that the above information is true to the best of my knowledge and I am aware that giving false representation will lead to automatic disqualification. On behalf of my child/dependent I authorize Konoin NG-CDF bursary committee to obtain such additional information concerning applicant's educational program and financial records required to complete this bursary application. I also authorize Konoin NG-CDF bursary committee and its representatives to communicate and release information to those who are involved in making decisions relating to my educational plans including and not limited to my previous and future educational institutions, referees named in this form and MOE.

Parent's/Guardian's Name.....

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

PART F: OFFICIAL USE ONLY

I. PANEL USE Applicants recommended/Not recommended for bursary	REASON
II. NG-CDFC DECISION Applicants awarded/Not awarded bursary..... Amount awarded; Kshs..... Date Awarded Signature of the awarding NG-CDF bursary committee Secretary..... Official stamp	REASON