



NG-CDF BOARD

NATIONAL GOVERNMENT CONSTITUENCIES DEVELOPMENT FUND BOARD

EMURUA DIKIRR CONSTITUENCY
DEPUTY COUNTY COMMISSIONER'S OFFICE

P.O Box 119-00000, Chebunyo, Kenya

Cellphone: 0722 774 506

Email: Emuruadikirrconstituency@cdf.go.ke Website: www.cdf.go.ke

SECONDARY SCHOOL BURSARY FORM FINANCIAL YEAR 2020/2021

PART A. STUDENT PERSONAL DETAILS

NAME-----FORM-----ADM NO. -----

SCHOOL-----ADDRESS-----

K.C.P.E YEAR-----VILLAGE-----SUBLOCATION-----

LOCATION-----WARD-----DISABILITY IF ANY-----

(I) FOR CONTINUING STUDENTS

Last exams position and grade; /latest report form

(I) FOR THOSE JOINING FORM ONE

Attach a copy of certified KCPE Result slip

(II) SCHOOL PARTICULARS (To be filled by the school administration)

Name of the school-----

P.O BOX-----Contact-----

Admission Number-----

Principal's Name-----Contact-----

Remarks-----Date and stamp-----

Signature-----

(IV) ACCOUNT STATEMENT

(a) Total fee required, Ksh.....Per Year .Fees arrears-----

(b) Name of the Accounting officer-----contact-----

Signature-----Date & official school stamp-----

NB: Attach a copy of the current school fees structure or Account statement.

PART B. FAMILY STATUS

(I).TOTAL ORPHAN (II) PARTIAL ORPHAN (III) SINGLE PARENT

(IV) BOTH PARENTS (V) LOW INCOME (Without adequate source of income)

(VI) DISABILITY----- (VII) OCCUPATION OF THE GUARDIAN/PARENT-----

(In case of category B (I & II) please attach evidence of death e.g. Death certificate/Burial permit/letter from area chief

PART C STUDENT'S DECLARATION



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

Student`s Name-----Signature-----Date-----

PART D PARENTS/GUARDIAN`S DECLARATION

I declare that I have read the information given herein and confirm that it is true to the best of my knowledge

Parent/guardian Name-----contact-----signature-----

Location-----sub-location-----village-----

**PART E: CONFIRMATION BY THE AREA ASSISTANT CHIEF/ASSISTANT CHIEF/RELIGIOUS LEADER,
(MANDATORY)**

I confirm that I know the applicant is a true resident of my area of jurisdiction.

Comments-----

Name-----Location-----sub location-----

Signature-----contact-----Date &stamp-----

PART F.FOR OFFICIAL USE ONLY

COMMENT:

APPROVED FOR BURSARY

NOT APPROVED FOR BURSARY

REASON(S) -----

BURSARY AWARDED IN KSH. -----

**NB: THE FORM CAN BE DELIVERED TO NG-CDF OFFICE SITUATED AT LONGISA TOWN ALONG BOME-
NAROK ROAD OR CAN BE POSTED TO BOMET EAST NG-CDF P.O BOX 130-20402 LONGISA.**

DEADLINE: 31ST JANUARY 2021 BY 5:00 PM

NB; NO FORM WILL BE ACCEPTED AFTER THE STATED DEADLINE

NB; Beneficiaries from other funds/kitty are ineligible-Need not to apply.