

NATIONAL GOVERNMENT CONSTITUENCIES DEVELOPMENT FUND

RARIEDA CONSTITUENCY



Bursary Application Form

Serial No.

College and University 2025/2026

NAME OF STUDENT

DATE RETURNED

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RECEIVED BY

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GUIDELINES FOR THE APPLICANTS

1. This application form is issued FREE of charge by RARIEDA NGCDF OFFICE. It is meant for students IN/JOINING. (1) public universities (in the regular and parallel programmes and (2) other post-secondary public colleges) e.g. colleges of science and technology as well as teachers' training colleges.
2. All applicants must provide the details required. Incomplete bursary forms will not be processed, for example, where documentary evidence is required but not provided. The information provided must be correct and any student or person filling this bursary form who knowingly makes false statements orally or in writing is liable of prosecution
3. Please note that all information provided will be cross - checked (by the NGCDF Secretariat) with other information from the relevant official/ public sources: The NGCDF office will ensure that only deserving cases will be assisted.

Fill in the required information in the spaces provided.

Total Fees (Annual): _____ Paid/Able to raise: _____ Amount applied _____

PART A: PERSONAL DETAILS OF STUDENT

1. Name of the Student: _____ Reg./Adm No. _____
2. Applicants ID NO. (Where applicable) _____
3. Permanent Home Address _____
4. Sex: A. Male B. Female 5. Marital Status: A. Married B. Single
5. Date of Birth (DD/MM/YY): _____
6. Place of birth (or Residence)
SUB-COUNTY _____ DIVISION _____
WARD _____ LOCATION _____
SUB – LOCATION _____ VILLAGE /ESTATE /UNIT _____

PARENT / GUARDIAN ID No. _____ VOTERS CARDS (Students /Parent/Guardian) _____
Contact: (Mobile) Self/ Parent's/Guardian's _____

PART B: PERSONAL DETAILS OF THE FATHER/MOTHER/GUARDIAN

This section should also apply for applicants who are under the care of a guardian.

- 7. Are both your parents alive? 1. Yes. ___ 2. No ___ [if one or both parents are deceased, attach death certificate(s)].
- 8. Who takes care of your school fees? A. Father B. Mother B. Guardian
- 9. Name of the Father/ Guardian: _____ Occupation: _____
- 10. Name of the Mother: _____ Occupation: _____
- 11. Permanent Address of the Parents/Guardian: _____
- 12. **DISABILITY:** Blind/Deaf/ Physically challenged. (Attach Evidence)

PART C: FAMILY TYPES AND SIZE

- 13. Describe the type of your family: (1) Parents living together (2) Parents have separated (3) Parents have divorced (4) I am a child of a single parent (5) other (specify) _____
- 14. How big is your family? 1. Number of brothers _____ 2. Number of sisters _____

PART D: INFORMATION ABOUT YOUR SCHOOL/ COLLEGE /UNIVERSITY

- 15. Name of your College/University: _____
- 16. Full address of the School/ college: _____ Tel. _____
- 17. School code No: _____ Tel: _____
- 18. Level of Education: _____ Year of Completion: _____
- 19. Current class/year of study: _____ (Attach your result slip/ report form or any other document to confirm your student status).
- 20. Total fees for the year: Kshs _____ (Attach a fee statement showing the total fee due for the year).
- 21. Total outstanding (current) fees balance: Kshs _____ (Attached supporting statement from the school duly signed and stamped by the school authority (Registrar/ Bursar).
- 22. Have you ever applied for bursary before? Yes No (Tick one)
- 23. Have you ever benefited before? Yes No (Tick one)
 If Yes, (in 20 above) indicate the year and amount allocated. Year Amount
 Year Amount Year Amount Year Amount

PART E. APPLICANTS SIBLINGS IN SCHOOL / INSTITUTION.

Names	Relationship	School / Institution	Year or Class	Outstanding Balance
GRAND TOTAL				

PART F: INFORMATION ABOUT FAMILY FINANCIAL STATUS.

1. GROSS INCOME IN THE LAST 12 MONTHS (KSHS)

Gross Income (*this means income from salary, business or farming*)

	Father	Mother	Husband	Wife	Guardian / Sponsor
GROSS INCOME					

PART G: RECOMMENDATION:

a) **Area Chief / Assistant Chief/Religious Leader** - Comment on the student /family/ parent status.

Assessment of the applicant: 1. Very needy 2. Needy 3. Not Needy

I declare that I know the contents of this application form and hereby confirm that the information herein is true to the best of my knowledge

Name Signature Date & Official Stamp.

PART H: DECLARATIONS

1. **Applicant's declaration:** *I declare that the information given herein is true to the best of my knowledge and I am willing and available to verify it if need be.*

Applicant's full Name: _____

Adm. / Reg. No: _____ ID No.: _____

Date: _____ Signature _____

Phone No: _____

PART I: FOR OFFICIAL USE BY THE BURSARY COMMITTEE

Recommended /Not Recommended for Bursary

Comments: _____

Bursary award: Kshs. _____ Score

Type of Sponsorship: _____

Officials

Name	Designation	Signature
1.		
2.		
3.		
4.		