



# **NG - LUGARI CONSTITUENCY DEVELOPMENT FUND**

## **EDUCATION BURSARY FUND**

As part of its development activities, the NG CDF ACT 2015 recommends a maximum of 35% of the constituency annual NG CDF allocation to go towards Education Bursary.

Read the following guidelines carefully:

1. The bursary is for students in *Secondary Schools, Tertiary Colleges, and Local Universities.*
2. Vetting will be done by the *NG CDF Ward vetting Committees.*
3. Final approval and disbursement of bursaries will be done by the *NG Lugari Constituency Development Fund Committee.*
4. The decision of the *NG Lugari Constituency Development Fund Committee* will be final.
5. The applicants **MUST** be residents of Lugari Constituency and therefore must be identified by their area Assistant Chief/Chief.
6. Application forms are available at all photocopy shops and cyber cafes within Lugari constituency.
7. Duly completed forms **must** be returned to applicant's respective area chiefs offices.
8. Copy of the current Fees Structure of the Institution and current academic report card must be attached.
9. **Qualification of bursary will depend on:**
  - i. Academic qualifications.
  - ii. Family status (poverty levels and single parenthood).
  - iii. Disability (mental/physical).
  - iv. Affirmative action and vulnerability (partial/total orphan). Attach documents i.e. copy of Death Certificate/Burial Permit and disability certificates.
10. Fresh application will be required every time bursary money is to be disbursed.

### **11. For University students ONLY:**

University administration to confirm whether the student received HELB Loan and the amount (Attach student's Account Statement signed by the authority).

(i) Name of University:.....

HELB Loan awarded:.....

Signed & Rubber Stamped:.....

# NG LUGARI CONSTITUENCY DEVELOPMENT FUND

## EDUCATION BURSARY FUND FORM (PARTS A - G MUST BE FILLED IN FULL)

YEAR:.....

### PART A: STUDENTS PERSONAL DETAILS

1. Full Name:  
 .....  

Last
First
Middle
2. Gender:                Male                 Female
3. Village..... S/Location:..... Location:.....
4. Parent/Guardian's Name:..... C/Phone No.....

### PART B: INSTITUTION'S DETAILS:

1. Name of Institution (applicant is studying in):.....  
 .....
2. Postal Address:.....T/Phone No.....
3. Physical Address of the Institution (Town, Road, Street):.....
4. Class/Year of Study:..... Course of Study:.....
5. Registration Number (Admission Number):.....

### PART C: BURSARY REQUIREMENTS:

1. Are both parents alive?    Yes                 No   
 If No state if you have a single parent.....
2. Are you disabled?    Yes                 No   
 If Yes state the nature of the disability .....
3. Who pays for your school or college fees (attach the current Fees Structure/Report Card)?.....
4. How much is annual College/School Fees (attach the current Fees structure/Academic Report Card)?.....
5. How much balance do you owe the school/college (attach the current Fees Structure)?  
 .....
6. In the past 1 year have you received bursary from NG CDF? If so, how much?  
 .....
7. Currently are you a beneficiary of another bursary scheme apart from CDF bursary?  
 Yes                 No   
 If Yes, which one and how much have you received this financial year?.....  
Note: Failure to disclose the correct information may lead to disqualification.

**PART D: CONFIRMATION:**

This is to confirm that the applicant is a resident of this Sub-Location.

Name of Area Assistant Chief/Chief:.....C/Phone No.

.....

Signature and rubber stamp of Area Assistant Chief/Chief :.....

**PART E: STUDENT'S DECLARATION:**

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

Student's Signature:.....Date:.....

**PART F: PARENT'S/GUARDIAN'S DECLARATION:**

I declare that I have read this form/this form has been read to me and I hereby confirm that the information given herein is true to the best of my knowledge.

Parent's/Guardian's Signature:.....C/Phone No.....

Date:.....

**PART G: INSTITUTION'S VERIFICATION:**

(Must be filled by an authorized person of the Institution)

I declare that the above named is a student in this institution.

Principal/Dean:.....C/Phone No.....

Signature:.....

Date & Stamp:.....

Fees Balance as per date of this application:.....

**SCORES/RATING: To be completed by the Ward Vetting Committee)**  
**(For official use only)**

NAME OF APPLICANT:.....

INSTITUTION:.....

**FAMILY STATUS: (Maximum 5)**

No parent alive (Total Orphan)	-	5
One parent with no source of income	-	3
Both parents alive but no source of income	-	2
	Sub Total	<input type="text"/>

**AFIRMATIVE ACTION: (Maximum 10)**

Female applicant	-	4
Male applicant	-	3
Disabled applicant	-	3
Marginalized (e.g. landless or squatters)	-	3
	Sub Total	<input type="text"/>

**PERFORMANCE (Based on school/university/College reports of CAT) Maximum 10**

Excellent	-	10
Very Good	-	8
Good	-	6
Average	-	4
Below Average	-	2
	Sub Total	<input type="text"/>

**GRAND TOTAL SCORE**

**FOR OFFICIAL USE ONLY**

**WARD VETTING COMMITTEE OFFICIALS**

**CHAIRMAN**

Name:.....Sign:.....Date:.....

**SECRETARY**

Name:.....Sign:.....Date:.....

**NG CDFC REPRESENTATIVE**

Name:.....Sign:.....Date:.....

**CHIEF**

Name:.....Sign:.....Date:.....

Amount awarded: Kshs.....

**CONSTITUENCY DEVELOPMENT FUND COMMITTEE OFFICIAL'S REMARKS:**

.....  
.....  
.....

**Sign:** .....

**Date:**.....