



## NATIONAL GOVERNMENT - CONSTITUENCIES DEVELOPMENT FUND OF RONGO

P.O. BOX 10-10203, RONGO.

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### HIGHER EDUCATION BURSARY APPLICATION FORM

#### PART: 1 INSTRUCTION

1. The constituency bursary scheme has limited available funds and is meant to support only the very needy cases. Persons who are able are not expected to apply.
2. It is an offense to give false information.
3. Applicants are advised to give certified copies of relevant support documents to enable accurate evaluation of their cases.
4. Only original completed forms will be accepted. N.B. no photocopies
5. All forms shall be returned at the Rongo C.D.F office.
6. Successful applicants will have the awarded bursary paid directly to university or college.

#### PART: 2 PARTICULARS OF THE APPLICANTS.

##### FULL NAME OF THE STUDENTS.

(LAST) ..... (OTHERS) .....

AGE IN YEARS..... ID CARD #.....(Attach photocopy)

**GENDER:** FEMALE ( ) MALE ( ) STUDENT TEL. NO.....

WARD .....LOCATION .....SUB-LOCATION .....

VILLAGE ..... EMAIL ADDRESS.....

#### PART 3: EDUCATION DETAILS.

NAME OF THE UNIVERSITY/COLLEGE .....

YEAR OF ADMISSION ..... ADMISSION NO. ....

**RONGO CONSTITUENCY CDF BURSARY REF. NUMBER**

DEGREE  DIPLOMA.  CERTIFICATE  UNDERGRADUATE

YEAR OF STUDY ..... COURSE .....

CAMPUS/BRANCH/COLLEGE .....

**MODULE** FULL TIME  PART TIME/EVENING CLASSES

SCHOOL BASED  HOLIDAY PROGRAMME

DISTANCE LEARNING

**PART 4: PARTICULARS OF PARENTS/GUARDIANS.**

**1. Father's details (whether living or deceased)**

(a) FULL NAMES .....

(b) MARITAL STATUS Married  Divorced  Widower

Single  (tick where appropriate)

© Tel. NO ..... ID/NO .....(Attach copy)

(a) Alive  Deceased  (Attach Death Certificate)

Monthly salary .....If not employed estimate monthly income

(Kshs.) .....

**NOTE:** *If single/divorced attach report from the chief.*

**2. Mothers Details (whether living or deceased)**

(a) FULL NAMES .....

(b) MARITAL STATUS Married  Divorced  Widower

Single  (tick where appropriate)

c) Tel. NO ..... ID/NO ..... (Attach copy)

(b) Alive  Deceased  (Attach Death Certificate)

Monthly salary .....

If not employed estimate monthly income (Kshs.) .....

**NOTE:** *If single/divorced attach report from the chief.*

**PART 5: SCHOOL FEES PAYMENT MODE.**

a. Total fees payable per year (Kshs.) .....

b .Loan amount granted by HELB this year (Kshs.).....

c. Bursary granted by HELB/UNIVERSITY/COLLEGE (Kshs.) .....

d. Amount required elsewhere (Kshs.) .....

e. Outstanding balance (Kshs.) ..... (Attach support documents)

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f. In case of (C)

Full Names .....Amount in Kes.....

Year Awarded. ....

**PART 6: INFORMATION ON APPLICANT’S BROTHERS OR SISTERS.**

**1. Brothers and sisters who are in school**

No.	Name	Institution	Programme	Year Of Study	Fee Expenditure Per Year
1.					
2.					
3.					

**2. Brothers and sisters who are employed/not employed**

No.	Name	Employee	Occupation	Salary/income

**PART 7: DECLARATION**

**(a) Students declaration**

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

Students signature .....Date .....

Tel. No:..... &/or Email address:.....

**(a) Parents/Guardian declaration**

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

Parents/Guardian’s signature .....Date .....

Tel. No:..... &/or Tel:.....

**PART 8: REFEREES CONFIRMATION-MANDATORY**

**(a) Confirmation by the chief or the sub-chief**

Comments on the status of the family/parents.

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.....

I certify that I know the applicant and his/her back ground and do confirm that the information given in this form is correct to the best of my knowledge.

Name .....Signature .....Date .....

Designation .....Official stamp ..... Tel. No.....

**(b) Confirmation by Parish Minister/Religious leader**

I certify that I know the applicant and his/her background and do confirm that the information given in this form is correct to the best of my knowledge.

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.....

Name .....Signature .....Date .....

Church/Religious organization ..... Tel. No .....

Official stamp .....

**PART 9: UNIVERSITY OR COLLEGE VERIFICATION. -MANDATORY**

Comments on the applicant’s suitability for the award of bursary.

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OFFICER’S NAME ..... Tel No.....

SIGNATURE .....DATE .....

OFFICIAL STAMP

**PART 10: FOR OFFICIAL USE ONLY (By the Kigumo CDF secretariat)**

- a) Has the Bursary form been properly filled
- b) Has the necessary documentary evidence been provided and attached
- c) Has the student/parent/guardian provided the Name, ID card number and telephone for communication incase of award or further clarification?
- d) Has the University/school/college stamped and sign the form
- e) Has the fees structure been provided?

**Received by**

.....  
*Name* *Sign* *Date*

**PART 11: FOR OFFICIAL USE ONLY (By the awarding committee)**

**a) Recommendation by the Bursary committee)**

The committee recommends  Does not recommend   
the applicant for the award

b) If recommended, Amount recommended Kshs. ....  
Amount in words .....  
Chairman's signature .....Date .....  
Secretary's signature .....Date .....  
Fund Managers signature .....Date .....

