NATIONAL GOVERNMENT CONSTITUENCIES DEVELOPMENT FUND

SEME CONSTITUENCY

Bursary Application Form

FY 2026/2027

Serial No.

BURSARY APPLICATION CARTEGORY (*Tick as applicable*):

BSS (Secondary School) ☐ BTS (Tertiary) ☐ BSP (Special/PWD School) ☐

APPLICANT'S GUIDANCE NOTES

Read all the instructions carefully and fill in all the required information accurately in the spaces provided below: -This application form is issued **FREE OF CHARGE** by **SEME NG-CDF** and Constituency Office.

1. It is meant for students IN/JOINING:
   i. Secondary Schools
   ii. Tertiary Institutions (e.g. Public Universities, colleges of science and technology, TVETs and teachers' training colleges (in both the regular and parallel programmed)
   iii. Special Needs Education/PWDs Schools
2. **Submit** dully filled forms to Seme NG-CDF Offices in Kombewa Market.
3. **Compulsory attachments include:**
   i. Copy of Student Identity Card/Admission letter.
   ii. Copy of National ID Card/Birth Certificate
   iii. Copy of National Identity Card and voter's card of Parents
   iv. Copy of Relevant Academic Certificates, Report Form or College Transcript.
   v. Fee Structure and Fee Balance Statement duly signed and stamped by the institution's authority.
   vi. Death certificates/burial permits of parents and your own birth certificate to proof kinship where applicable.
   vii. Supporting documents for Persons with Disabilities.
4. **Incomplete** bursary application forms will **NOT be processed**.
5. Bursary awarded is **not transferable** by the beneficiary.
6. Approved bursary awards will be **paid directly** to the Institution and **cannot** be converted to cash payments to the applicant.
7. The needs for all beneficiaries will be considered on application and canvassing is prohibited.
8. *The NGCDF office will ensure that only deserving cases will be assisted.*

FOR OFFICIAL USE ONLY: Received by _____ Serial No._____

Signature _____ Date_____

Total Fees (Annual): _____ **Paid/Able to Raise:** _____ **Amount Applied:** _____

PART A: STUDENT PERSONAL DETAILS

Full Name: _____

Reg./Adm No._____ KEMIS No*:(Where applicable)* _____ NEMIS NO:_____

ID Type: _____ ID/Passport No./Birth Certificate No:_____

Date of Birth(DD/MM/YYYY):_____ Permanent Home Adress:_____

Place of Birth/Residence: _____ Sub-County: _____

Division: _____ Location:_____

Sub-Location:_____ Ward: _____

Village/Estate/Unit:_____ Gender: A. Male ☐ B. Female ☐

Phone No. (Self): _____ Email Adress: _____

Is PWD? _____ PWD Details: (Attach Evidence):_____

Is Orphan? _____ Orphan Type: (Attach Evidence):_____

PART B: INSTITUTION AND ACADEMIC INFORMATION

Institution Name: _____

Campus:_____

Adress of the school/ college: _____ Tel: _____

School Code provided by Ministry of Education (Secondary School):_____

Education Level(Degree/Dip/Cert):_____ Year of Completion:_____

Programme/Course:_____

Programme Level:_____ Current Year of Study/Class/Form:_____

Mode of Study: (Tick where applicable) Regular ☐ Parallel ☐ Boarding ☐ Day ☐

Scholarship Type: (Tick where applicable): Full ☐ Partial ☐

Total fees for the year: Kshs _____(*Attach a fee statement showing the total fee due for the year).*

Amount Requested: Kshs:_____(*Attached supporting statement from the school duly signed and stamped by the school authority (Registrar/ Bursar).*

School/Institution Acc. No. _____ Bank:_____

School/Institution Account Name (*as it should appear on the cheque*) _____

Have you ever applied for bursary before? Yes ……. No (*Tick one)*

Have you ever benefited before? Yes ……. No…… (*Tick one)*

If Yes, indicate the year and amount allocated. .....

Year _____ Amount _____
Year _____ Amount _____
Year _____ Amount _____

PART C: PERSONAL DETAILS OF THE PARENTS/GUARDIAN

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

Are both your parents alive? Ye s : __ No___(if one or both parents are deceased, attach death certificate(s))

Who takes care of your school fees? A. Father B. Mother B. Guardian

Name of the Father:_____ Occupation:_____

ID. Number: _____ Phone Number: _____

Name of the Mother: _____ Occupation:_____

ID. Number: _____ Phone Number: _____

Name of Guardian: _____ Relationship: _____

ID. Number: _____ Phone Number: _____

Permanent Home Adress of the Parents/Guardian: _____

Is PWD? _____ PWD Details: (Attach Evidence):_____

PART D: FAMILY TYPES AND SIZE

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)

How big is your family? **1.** Number of brothers _____ **2.** Number of sisters _____

PART E. APPLICANTS SIBLINGS IN SCHOOL / INSTITUTION.

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

PART F: INFORMATION ABOUT FAMILY FINANCIAL STATUS

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

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. Equally, I am aware that giving false information will lead to automatic disqualification.*

_____	_____	_____
Name	**Signature**	**Date**

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

_____	_____	_____
Name	**Signature**	**Date**

PART I: SCHOOL VERIFICATION (attach necessary documents)

To be filled by Dean of Students/Principal

1. Class/Form: _____ Class Position:_____
2. Student Discipline/ Conduct (Tick one only): Excellent ( ) Very Good ( ) Good ( ) Fair ( ) Poor ( )
3. Student Academic Performance (Tick one only): Excellent ( ) Very Good ( ) Good ( ) Fair ( ) Poor ( )
4. Confirm Admission Number: _____

Declaration: **Principal/Director of studies**

I confirm that the above-named student is in this institution

_____	_____	_____
Name	Signature	Date & Official Stamp

PART J: FOR OFFICIAL USE BY THE BURSARY COMMITTEE

1. The form was dully filled and signed: Yes ( ) No ( ) 2.
2. All supportive documents have been attached: Yes ( ) No ( )
3. Following the Bursary Committee Meeting Held on …… The applicants request for bursary is hereby: RECOMMENDED ☐ NOT RECOMMENDED ☐

Comments:……

……

Bursary award: Kshs. _____ Score ☐

Officials:

Name	Designation	Signature
1.		
2.		
3.		
4.		

OFFICIAL CHANNELS OF COMMUNICATION

Cell: 0722471936, 0720399068

Email: cdfseme@ngcdf.go.ke | Website: www.ngcdf.go.ke