

SERIAL NO. NGCDF-KAPS-SEC-001



National Government Constituencies Development Fund
Kapsaret Constituency,
P.O Box 2449-30100,
Eldoret, Kenya.

Cell: 0786328173

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BURSARY APPLICATION FORM FOR STUDENTS IN SECONDARY SCHOOLS.

NGCDF/145/BURS SECONDARY/2025/2026

INSTRUCTIONS: Kindly provide your information in legible CAPITAL letters.

NB: Submission of incomplete form may lead to disqualification. All dully filled forms to be delivered to the NG-CDF Office at KAPSERET (OUTSPAN) ON /BEFORE 13th FEBRUARY 2026

PART A: TO BE FILLED BY THE APPLICANT/PARENT/GUARDIAN

I. Personal, Institutional and Other Details

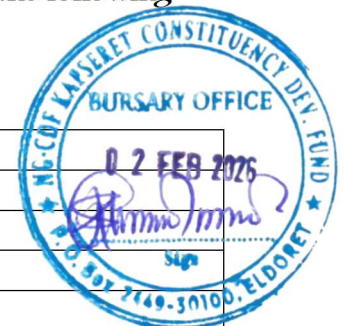
Full Name of Student (As it appears in Official documents)	
Gender	
Date of Birth	
Name of School	
Adm. No	
Class/Form	
Expected year of completion	
Mobile No./Tel No.	
Location	
Sub Location	
Ward	
School's Postal Address	
School's Tel No	
Amount Applied for (Kshs)	

*Where applicable, please attach the relevant supportive documents including the following
(Letter of admission, Fees structure, Recommendations*

II. FAMILY BACKGROUND (Tick where applicable)

Kindly indicate your family status;

Total Orphan	
Single Parent	
Both Parents Alive	
Other (State)	
Number of siblings (Alive)	



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(Attach Photocopies of death certificate(s) and verification letters from the area chief/assistant chief where applicable)

- (a) Father
NameAddress.....
Tel No.....Occupation.....
- (b) MotherAddress.....
Tel No..... Occupation.....
- (c) Guardian (Where applicable)
NameAddress.....
Tel No..... Occupation.....

STUDENT'S/ PARENT'S/GUARDIAN'S DECLARATION

I hereby declare that the information provided herein is true to the best of my knowledge and belief, and I understand that any false information provided shall lead to my automatic disqualification by the committee.

Applicant's Full Name.....
Signature.....
Date.....

I hereby declare that the information provided herein is true to the best of my knowledge and belief, and I understand that any false information provided shall lead to automatic disqualification of the student.

Guardian's/Parent's Full Name.....
Signature.....
Date.....

VERIFIED BY:

a) *Chief/Assistant Chief*

Name of area Chief/Assistant Chief.....

Location/Sub-location.....

Recommendation:

Recommended ()
Not recommended ()

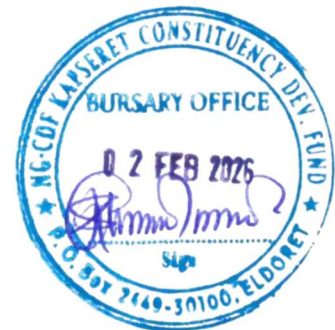
Justification:

.....

.....

Signature..... Date.....

Official Stamp.....



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FOR OFFICIAL USE ONLY (To be filled by NG-CDF Bursary Committee)

The form was duly filled and signed Yes () No ()
All supportive documents have been attached Yes () No ()

Recommended for approval ()

Not recommended for approval ()

Reason for non-approval

.....
.....

Signed:

ChairmanDate

SecretaryDate

KEY ATTACHMENTS TO THE FORM

Applicants ***MUST*** attach copies of the relevant documents including the following;

1. Students' Report Form
2. Photocopy of Parents/Guardian National ID Card
3. Photocopy of Birth Certificate
4. Photocopy of the School ID Card
5. Parent (s) Death Certificate or Burial Permit (*For Orphans*)
6. Current fee's structure (*Compulsory for all applicants*)
7. School Admission letters (*Compulsory*)
8. Any other relevant supportive document(NCPWD Card)

