



Passport
Size
Photo

**CONSTITUENCY DEVELOPMENT FUND (CDF)
SECONDARY BOARDING SCHOOL BURSARY APPLICATION FORM**

Instructions: This application form should be completed by the applicant and sent together with supporting documents to the Chairperson, Ward Development Committee.

NOTE: *This form is not for sale.*

Disclaimer: *Completion of the form does not guarantee the approval of the Project*

Complete all sections in Capital / Block Letters

A. APPLICANT'S PERSONAL INFORMATION					
Surname:	First Name:	Other Names:	Sex	F	M
.....		<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth: DD _____ MM _____ YY _____ (Attach birth certificate where Possible)					
Nationality: _____ NRC NO. (where applicable) _____					
Province: _____ District: _____ Constituency: _____					
Ward: _____ Village/Township: _____					
Do you have a disability/special need? Yes <input type="checkbox"/> No <input type="checkbox"/>					

If yes, please Specify and attach relevant documentation

B. SCHOOL DETAILS (where you are enrolled or have been accepted) (Attach a copy of an acceptance letter or confirmation letter from the school, this is a must)

Name of School where you are enrolled or have been accepted _____

Last School Attended _____

Last Grade Attended _____

Are you/ where you a boarder? Yes _____ No _____

Who has been paying your school fees _____

Have you been supported by any organization? Yes _____ No _____

(if yes kindly give details) _____

C. DETAILS OF PARENTS /GUARDIANS

1. FATHER

Alive

Deceased

Attach documentation where applicable

Surname:

First Name

Other Names:

Date of Birth:

Telephone No:

Residential Address:

Email Address:

Occupation:

Employer/Nature of Business:

Does father have a disability/special need? Yes

No

Does Guardian have a disability/special need? Yes _____ No _____

If yes, please specify and attach relevant documentation

Does Guardian have medical condition? Yes No

If yes, please specify and attach relevant documentation

D. INFORMATION ON SIBLINGS/DEPENDANTS TO PARENTS/GUARDIANS
(if siblings/dependents are in school, indicate who is supporting them)

Details of Siblings

No.	Name	Sex	Age	Occupation	Alive/Deceased

Dependents to Parents/Guardians

No.	Name	Sex	Age	Occupation	Alive/Deceased

E. FAMILY SOCIAL-ECONOMIC STATUS (Tick where applicable) – to be confirmed by CWAC/CDA

i. House

Owned

Rented

Inherited

Sublet

Other (Specify)

- ii. Type of House** **Main Material of roof**
- Asbestos sheets
 - Asbestos Tiles
 - Other Non-asbestos tiles
 - Iron sheets
 - Grass/wood/thatch
 - Concrete

- Main Material of roof**
- Earth/Sand
 - Wood planks
 - Palm/bamboo
 - Finished floor (wood tiles, Concrete, vinyl etc.)

- Main material of wall**
- Natural walls (Mud, cane, palm, trunks)
 - Rudimentary walls (stone or bamboo with mud etc.)
 - Finished walls (bricks, cement, wood planks, etc.)

- iii. Toilet**
- Inside the house
 - Outside the house

- iv. Water**
- Piped
 - Well
 - Shallow Well
 - Other (specify)

- v. Source of water**
- Communal
 - Own premises

vi.	Availability of electricity	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
vii.	Main source of Income		
viii.	No. of meals per day	One	<input type="checkbox"/>
		Two	<input type="checkbox"/>
		Three	<input type="checkbox"/>
		Other (specify)	
ix.	Does your household have any of the following durable items?		
	Tractor		<input type="checkbox"/>
	Plough		<input type="checkbox"/>
	Hammer mill		<input type="checkbox"/>
	Car/truck		<input type="checkbox"/>
	Other (specify)		
x.	Does your household own poultry, livestock or any other farm animal? If yes, how many		
	Cattle		<input type="checkbox"/>
	Goats		<input type="checkbox"/>
	Sheep		<input type="checkbox"/>
	Pigs		<input type="checkbox"/>
	Poultry		<input type="checkbox"/>
	Other (specify)		

F. LIST OF ATTACHMENTS- (please tick what has been attached and /or indicate what is not provided)	
• Recommendation from previous sponsor (where applicable)	<input type="checkbox"/>
• Birth Certificate/s of applicant	<input type="checkbox"/>

• Death certificate/s of parents	<input type="checkbox"/>
• Pay slips/ proof of income of parents/guardian	<input type="checkbox"/>
• Medical record(s) of parent/guardian	<input type="checkbox"/>
• Disability card/ Confirmation of disability of applicant/parent/guardian	<input type="checkbox"/>
• Recommendation from traditional leadership	<input type="checkbox"/>
• Recommendation from Community Welfare Assistance Committee	<input type="checkbox"/>
• Acceptance letter /confirmation of enrollment	<input type="checkbox"/>
• Copy of application form	<input type="checkbox"/>
• Applicant to sign each and every page of this application document	<input type="checkbox"/>

Applicant
Name.....
Physical Address:
.....
Phone:
NRC.....
Signature.....

Contact Person for Applicant
Name
Physical Address:
.....
Phone
NRC.....
Signature.....

RECOMMENDED/ NOT RECOMMENDED BY THE WARD DEVELOPMENT COMMITTEE

Give Reasons

.....
.....

Name :

Sign:

Date:

APPROVED/NOT APPROVED BY THE CONSTITUENCY DEVELOPMENT FUND COMMITTEE

Give Reasons

.....
.....

Name :

Sign:

Date:

Reasons:

.....
.....

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

Name (Chairperson):

Sign:

Date: