



National Government Constituencies Development Fund Board  
Sigowet/Soin Constituency  
P.O Box 1837-20200  
Kericho, Kenya

**NG-CDF BOARD**

Email: [cdfsigowetsoin@cdf.go.ke/info@cdf.go.ke](mailto:cdfsigowetsoin@cdf.go.ke/info@cdf.go.ke) |  
Website: [www.cdf.go.ke](http://www.cdf.go.ke)

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## BURSARY APPLICATION FORM FY 2017/2018

SR. NO. .... Cell Phone No. ....

### Read these Instructions Carefully

- a. Students in University, Polytechnics, Middle level Colleges and Secondary schools are eligible to apply.
- b. The Fund will cater for Tuition Fees only which will be sent directly to the institution.
- c. Applicants **MUST** attach copies of National ID, Student's ID and any other documents like fee statements if available.
- d. Photocopy of Certified Fees Statement/Photocopy of Admission Letter.
- e. Duly completed form should be returned to NG-CDF Office Sigowet or Kipsitet. Ensure you register with office staff after delivering the filled bursary form.
- f. **Only** Constituents from **Sigowet/Soin** Constituency are eligible to apply.

*N/B. Providing wrong information/or incomplete forms will lead to automatic disqualification.*

### PART 1: PERSONAL INFORMATION.

- I. Full Names: .....  
Last Name First Name Middle
- II. a). Name of the Institution  
.....  
*(Please write the correct full names)*  
b) Town or Campus the institution is located e.g. Moi University, Nairobi  
Branch.....
- III. Student Registration/Admission Number (*Compulsory*).  
.....
- IV. a) Course programme (PHD, Masters, Degree, Diploma, P1, Certificate, Others etc.)  
.....  
b) Level of study (1<sup>st</sup> Year, 2<sup>nd</sup> Year, 3<sup>rd</sup> Year and 4<sup>th</sup> Year.).....  
c) Course Duration: .....
- V. Division ..... Location .....  
Ward ..... Sub – Location .....

### PART 2: FAMILY INFORMATION.

Father's Name ..... Occupation .....



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Mother's Name ..... Occupation .....

Are Both Parents alive: YES ..... NO.....

Are Both Parents dead: YES ..... NO.....

Single Parent: YES ..... NO.....

Any Disability YES ..... NO .....

*(Attach supporting documents e.g. death certificate, letter explaining disability or any other disadvantage/circumstance from chief, religious leader, prominent reference). If both parents are NOT alive who has been paying for your education (TICK).*

Guardian                      Sponsor/Wisher                      Any other (Specify)

### PART 3: TO BE COMPLETED BY CHIEF/ASSISTANT CHIEF.

Is the applicant from your Location? Yes ..... No .....

Comment on the financial status of the Family.

- a) Capable
- b) Slightly Capable
- c) Very Needy

I certify that the information given above is correct.

Name of Chief ..... Signature ..... Date .....

Official Stamp

Name of ASS. Chief ..... Signature ..... Date .....

Official Stamp





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**PART 4: INSTITUTION VERIFICATION.**

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

Name ..... Designation .....

Sign ..... Date .....

Official Stamp

**PART 5: APPLICANT'S DECLARATION.**

I declare that the Information above is true to the best of my knowledge.

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

**PART 6: FOR OFFICIAL USE ONLY BY SIGOWET/SOIN NG-CDFC.**

Amount Approved  
Kshs.....

Recommended by Authorized Member of Sigowet/Soin CDFC Representative

Name ..... Signature .....

Designation ..... Date .....

**Confirmed by Chairman NG-CDFC**

Name ..... Signature .....

Designation ..... Date .....

**Approved by Fund Account Manager**

Signature ..... **Official Rubber Stamp**.....