

**IGEMBE SOUTH CONSTITUENCY DEVELOPMENT FUND
TERTIARY INSTITUTIONS AND COLLEGES BURSARY ALLOCATION FORM**

Date.....

DISTRICT-----

DIVISION -----

LOCATION -----

SUB - LOCATION -----

WARD -----

PART A. STUDENT PERSONAL DETAILS

1. FULL NAMES

LAST FIRST MIDDLE

2. SEX MALE () FEMALE ()

3. I'D NO. _____

4. VOTER'S CARD NO _____

5. DATE OF BIRTH _____

6. NAME OF THE COLLEGE/INSTITUTION _____

7. ADM NO/ REG NO : _____

8. COURSE TAKING (Tick as appropriate)

Postgraduate

Degree

Diploma

Certificate

Other _____

9. COURSE NAME _____ DURATION _____

10. MODE OF STUDY (Parallel, Regular, in-service) _____

11. YEAR OF STUDY _____

12. JOINING YEAR _____ FINISHING YEAR _____

13. Total Fee _____ Paid _____ Balance _____

PART B: FAMILY INFORMATION

FAMILY STATUS

- a) Total orphan
- b) Partial orphan (Mother alive)
- c) Single Parent (Mother only)
- d) Parents living but poor

ii) PARENT'S FINANCIAL STATUS

Father's Name _____ **Occupation/Profession** _____

Mother's Name _____ **occupation/profession** _____

iii) Family financial status gross income in the last 12 months (Ksh)

Gross Income	Father	Mother	Guardian	Total

iv. Applicants Siblings in Educational Institution

Sibling Name	Name of Institution	Year of study	Total fee	Fees paid	Withstanding balance

1. STUDENTS DECLARATION

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

Students Signature _____ **Date** _____

FORM 'A'

PART C: INSTITUTION/ COLLEGE INFORMATION

Physical Address _____

Bank & Branch _____

Account Name _____

Account No _____

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

Official Stamp

PART D: CHIEF/ ASSISTANT CHIEF

I declare that the person named is a resident in this location /Sub-location

Chief's Name _____ **signature** _____ **Date** _____

Official Stamp

NB: The applicant MUST attach the copies of his/her OR Parents/guardian's ID card and voter's card. Forms without these will not be considered.

PART E: FOR OFFICE USE ONLY BY THE BURSARY COMMITTEE

Recommended / not recommended for bursary

If not recommended, comments _____

Amount Approved (KSH) _____

Chairman _____ **Signature** _____ **Date** _____

Secretary _____ **Signature** _____ **Date** _____