

## National Government Constituencies Development Fund Kiharu Constituency

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## BURSARY APPLICATION FORM COLLEGES & UNIVERSITIES

| A. PERSONAL INFORMATION  |                       |                    |  |
|--|-----------------------|--------------------|--|
| Name of Student (Sur Name)   |                       |                    |  |
| Sex: Female  |                       |                    |  |
| Ward   |                       |                    |  |
| Sub Location   |                       |                    |  |
| Phone No   |                       |                    |  |
| Reg/Admn No  | Year 1 🗀 2            | Year 1 2 3 4 Other |  |
| Course taken   | e taken Duration      |                    |  |
| B. INSTITUTION DETAILS: COLLEG   | GE UNIVERSITY         |                    |  |
|  |                       |                    |  |
| Branch/Campus  | Institution Contact   |                    |  |
| Institution Bank Account No Bank/Branch  |                       |                    |  |
| Fee balance for the previous year/semes (Attach copies of current results transcri   |                       | tement)            |  |
| C. CATEGORY OF APPLICANT   |                       |                    |  |
| a) Total Orphan and needy  | (both parents decease | ed)                |  |
| b) Partial Orphan and needy  | (one parent deceased) | )                  |  |
| c) With both parents and needy   | Clarify               |                    |  |
| d) Single parent and needy   | Clarify               |                    |  |
| e) PWD and needy (For total/ partial orphans, attach copies  |                       |                    |  |
| D. PARENTS/GUARDIAN INFORMATION  | N                     |                    |  |
| a) Father's Name   | I.D No                | Contact            |  |
| b) Mother's Name   | I.D No                | Contact            |  |
| c) Guardian's Name(Attach copies of parents/guardian I.D)  | I.D No                | Contact            |  |
| E. STUDENT/ PARENT/ GUARDIAN DECLARATION  I declare that the information given here in is true to the best of my knowledge:- |                       |                    |  |
| Person making declaration: Student   | ☐ Parent ☐ Guard      | dian 🗌             |  |
| Name   | Signature             | Date               |  |