



National Government Constituencies Development Fund  
Isiolo North Constituency  
Isiolo North NG-CDF Offices  
P.O Box 5-60300  
Isiolo, Kenya  
| Cell: 0720-104-432  
Email: [cdfisiolonorth@cdf.go.ke](mailto:cdfisiolonorth@cdf.go.ke) | Website: [www.cdf.go.ke](http://www.cdf.go.ke)

**SECONDARY SCHOOLS' BURSARY APPLICATION FORM** **FY 2024/2025**

*(Note: Applicants must fill ALL the details as stipulated failure to which it will lead to disqualification for bursary consideration. Also not that filling a form is not guarantee of a ward bursary, vetting will be done openly at ward level. The filled forms should be returned to the NG-CDF office or the chiefs office by 7/3/2025)*

Sub-County.....Ward.....Location.....  
Sub Location..... Nearest Polling Station..... Village.....

**A. STUDENTS PERSONAL DETAILS:**

1. Full Name.....
2. Gender: Male (....) Female (....)
3. Date of Birth.....
4. School Admission Number..... NEMIS NO.....
5. Class/Form.....Completion Year.....
6. Mode of study: Boarding (...) Day (...)
7. Parent/Guardian's Name.....Tel.....
8. Family Status (*Tick where applicable*): Total Orphan (...) Partial Orphan (...) Single Parent (...) Both Parents Alive (...) in case of total or partial orphan, attach evidence (death certificate)
9. Do you suffer from any disability? Yes (...) No (...) If yes state the nature of disability and provide evidence.....
10. Does any of your parents/Guardian suffer from disability? Yes (...) No (...) If yes state, the nature of disability and provide evidence.....

Vision: Equitable social-economic development countrywide

ISILOLO NORTH NG-CDF  
FUND ACCOUNT MANAGER  
13 FEB 2025  
P O Box 5-60300,  
ISIOLO



ISO 9001:2008 Certified



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**B. SCHOOL/INSTITUTION DETAILS**

1. Name of School.....
2. School Address..... Tel.....
3. School CODE Provided by MOE.....
4. School Account NO..... bank.....

**C. FEES DETAILS**

Total fees (*attach fees statement or fees structure*) .....

**D. CHIEF/ ASSISTANT CHIEF COMMENTS**

.....  
 .....

Stamp..... Signature..... Date.....

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

Approval Yes (....) No (....) Amount Awarded.....

Reasons for non- approval.....  
 .....

**Signed:**

Chairperson.....Date.....

Secretary.....Date.....

**N/B: 1. SCHOOL MINISTRY OF EDUCATION (MOE) CODE AND NEMIS NUMBER IS MANDATORY.**

**2. ATTACHMENT OF FEES STRUCTURE IS MANDATORY.**

ISIOLO NORTH NG-CDF  
 FUND ACCOUNT MANAGER  
 13 FEB 2025  
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**TERTIARY INSTITUTION BURSARY APPLICATION FORM** **FY 2024/2025**

*(Note: Applicants must fill ALL the details as stipulated failure to which it will lead to disqualification for bursary consideration. Also not that filling a form is not guarantee of a ward bursary, vetting will be done openly at ward level. The filled forms should be returned to the office or the chiefs office by 7/3/2025)*

Sub-County..... Ward..... Location.....  
 Sub Location..... Nearest Polling Station..... Village.....

**A. STUDENTS PERSONAL DETAILS:**

1. Full Name.....
2. Gender. Male (...) Female (....)
3. Date of Birth.....
4. Registration Number.....
5. Year of study..... Semester..... Tel No.....
6. Course of study.....
7. Level of study: Degree (.....) Diploma (....) Certificate (.....)
8. Parent/Guardian's Name..... Tel No.....
9. Family Status (*Tick where applicable*): Total Orphan (....) Partial Orphan (....) Single Parent (...) Both Parent Alive (...) in case of total or partial orphan, attach evidence.
10. Do You Suffer From Any Disability? Yes (....) No (....) If yes state the nature of disability and provide evidence.....
11. Does any of your parents/Guardian suffer from disability? Yes (....) No (....) If yes state, the nature of disability and provide evidence.....

***N/B: FOR UNIVERSITY APPLICANTS, FEES STATEMENT IS MANDATORY.***

Vision: Equitable social-economic development for all

ISIOLO NORTH NG-CDF  
 FUND ACCOUNT: MANAGER  
 13 FEB 2025  
 P O Box 5-60300,  
 ISIOLO





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**B. INSTITUTION DETAILS**

1. Name of College/University.....
2. Institution Address.....
3. Institution Telephone.....
4. Email Address.....
5. Institution Bank Account.....

**C. FEES DETAILS**

Total fees (*attach fees statement or fees structure*).....

**D. CHIEF/ ASSISTANT CHIEF COMMENTS**

.....  
 .....  
 .....  
 Stamp.....Signature.....Date.....

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

Approval Yes (...) No (...)                      Amount Awarded.....  
 Reasons for none approval.....  
 .....

**Signed:**

Chairperson.....Date.....  
 Secretary.....Date.....

***N/B: FOR UNIVERSITY APPLICANTS, FEES STATEMENT IS MANDATORY.***

ISILO NORTH NG-CDF  
 FUND ACCOUNT MANAGER  
 12 FEB 2025  
 P O Box 5-60300,  
 ISILO

