NATIONAL GOVERNMENT CONSTITUENCIES DEVELOPMENT FUND

WEST MUGIRANGO CONSTITUENCY



Bursary Application Form 2025/2026

Serial No.

	,		20	Z3/ZU2	20		
CATE	GORY C	OF APPLICA	TION (Tick as A	Applicable)			
Second	lary Sch	ool	College	Others			-OV
INSTR	UCTION	IS TO APPLI	<u>CANT</u>				
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	-	•	NDARY SCHOOL			a TEKTTARY IN	STITUTIONS.
2.			plication form to an		e	dayantaya	Form to be submitte
		naiya chief's of	GO NGCDF office	es in ingamira i	own DCC's Hea	aquarters	as from Dec 3, 2025
	-	narya critej s oj, o chief's office	jice				Jan 16, 2026
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		rigo Chief's offi					
		maro Chache C					
3.		ns of the form					
			<u>ATTACHMENTS</u>				
	i)		nt Identity Card/b				d of Parents
	ii)		ant Academic Cert		-	•	
	iii)				•	ı signed and stam	iped by the institution's
	<i>:</i>)		OMPULSORY FO				
1	iv)		certificates of parer FA GUARANTE	-	•	e to proof kinsnip	where applicable.
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		al applicants.	is NOT TIMINST	LIMBLE. CIR	que win de wrin	en in juoor oj ini	e institution and not to
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FOR O	FFICIA	L USE ONLY	Y: Receive	d by:		Serial No	
			Signatu	re		.Date	
PAI	RT A: Pl	ERSONAL I	DETAILS, INST	FITUTIONA	L & OTHER	DETAILS	
	12						
NAI	ME OF S	TUDENT					
Reg	/Adm N	o	(MUST	T) ID No (W	here Applicable	e)	
Stud	lent NEN	MIS No		•••••	Tel Number		
Ger	nder] Male [] Fe	emale	Date of I	Birth (DD/MM/	/YY)	
Plac	e of birt	h (or Residen	nce) Constitue	ncy	War	d	

Location Sub Location Village

Campus/Branch		, , 0	. 1.	,	• • • • • • • • • • • • • • • • • • • •
Mode of Study: Regular F					
Class/ Year of Study				 ion	
					0,
PART B: FAMILY BACKGROU	ND				
1. Kindly indicate your family	status: Total Orr	ohan 🗌 Partial	Orphan	Both Parent	s Alive
	(state)				<i>p</i>
onigie i dient	(state)				•••••
2. Please fill in the following de	etails for your Pa	rents/Guardian			
Details	Father /C	Guardian	M	other/ Guard	lian
Name					
Occupation / Profession					
Source of Income					
Employed? (Yes/No/Retire	ed)				
	-				
Telephone Contact					
	7				
3. Indicate the names of Sibling					
3. Indicate the names of Sibling		olleges/ Univers	ities this ye	ar Total Fees	Outstandi
3. Indicate the names of Sibling					Outstandi Balance
3. Indicate the names of Sibling					
3. Indicate the names of Sibling					
3. Indicate the names of Sibling					
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3. Indicate the names of Sibling					
3. Indicate the names of Sibling	Relationship School	ool / Institution			
3. Indicate the names of Sibling mmes R RAND TOTAL	Relationship School	ool / Institution			
3. Indicate the names of Sibling mmes R RAND TOTAL	TIONAL INFOR	RMATION	Class	Total Fees	Balance
3. Indicate the names of Sibling RAND TOTAL PART C: APPLICANT'S ADDIT	CIONAL INFOR	RMATION	Class	Total Fees	Balance

If yes, describe t	the disability		
5. Does any of your	r parents/guardians sı	affer from any chron	ic disabling medical condition illness:
Yes()No()		·	Ü
, , , , ,	scribe the condition		
11 y 00, 1411 0 11y 0 10			
DADT D. EDLICATI	ON EUNIDING HIGT	ODV	
	ON FUNDING HIST ource of education fund		where applicable)
School	Main Source of F	unding	Other Sources of Funding
Secondary School			()
College			, \ /
University			
2. How much Burs	ary are you applying f	or?	
PART E: DECLARAT	ΓIONS		
knowledge and bel disqualification by Applicant's full I Adm. / Reg. No Date	ief and understand that a the committee. Name:	any false information p	provided herein is true to the best of my provided shall lead to automatic
	nt/ Guardian)	Signatur	
PART F: RECOMME	NID A TION.		
1. Religious Leade	e applicant: 1. Very neether contents of this applic	edy 2. Needy 3. l	A
Name		Signature	Date & Official Stamp

5. Assessment of the app	licant: 1. Very needy 2. Needy 3. No	Needy
to the best of my knowledge		
Name	Signature	Date & Official Sta
PART G: INSTITUTION V	/ERIFICATION	
1. Attach the most recent	report card/ transcript (MUST)	,\/
2. Attach the most recent	t fee structure (MUST)	Form to be submitted as from December 3, 2025 to January 1 2026
PART G: FOR OFFICIAL I	USE BY THE BURSARY COMMITTEE	
THE COLOR OFFICER C		
1. The form was dully fil	led and signed: Yes ()No ()	
2. All supportive docume	ents have been attached: Yes () No ()
3. Following the Bursary	Committee Meeting Held on	The applicants
request for bursary is b	hereby RECOMMENDED NOT	RECOMMENDED
request for bursuity is i		
Comments		······
		Score
Comments		Score
Comments Bursary award: Kshs.		Score SIGNATURE
CommentsBursary award: Kshs		
Comments		
Comments Bursary award: Kshs Officials NAME		
Comments		