



NATIONAL DEVELOPMENT FUND FOR PERSONS WITH DISABILITIES

APPLICATION FORM- PO/AP/2

EDUCATIONAL ASSISTANCE

NOTE: SUBMISSION OF THE APPLICATION IS NOT A GUARANTEE FOR FUNDING

SECTION A: PERSONAL DETAILS

1. NAME:
2. GENDER: MALE FEMALE
3. DATE OF BIRTH: (DD/MM/YY)
4. NATIONAL ID NUMBER: (ATTACH A COPY)
5. DISABILITY IDENTIFICATION NUMBER: (ATTACH A COPY).....
6. A) POSTAL ADDRESS:CODE.....TOWN.....
TELEPHONE:EMAIL:
- B) HOME PHYSICAL ADDRESS: LOCATIONWARD.....
SUB-COUNTYCONSTITUENCYCOUNTY.....
7. OCCUPATION/EMPLOYMENT OF APPLICANT (WHERE APPLICABLE):
8. IF APPLICANT IS UNDER 24 YEARS, NAME OF PARENT/GUARDIAN:
- NATIONAL ID. NO: RELATIONSHIP TO APPLICANT:
9. OCCUPATION/EMPLOYMENT OF PARENTS/GUARDIAN (WHERE APPLICABLE).....
10. STATE DISABILITY TYPE(S).....
11. PLEASE STATE IF YOU HAVE ANY SPECIAL COMMUNICATIONS REQUIREMENTS:
 TEXT ONLY SIGN LANGUAGE LARGE PRINT BRAILLE OTHER (SPECIFY)

SECTION B: EDUCATION ASSISTANCE REQUESTED

(APPLICANTS ARE ENCOURAGED TO SEEK ADMISSION TO GOVERNMENT RECOGNIZED INSTITUTIONS AND FAITH/MISSION BASED INSTITUTIONS)

1. INSTITUTION:
2. POSTAL/PHYSICAL ADDRESS:
TELEPHONE: EMAIL:
3. ARE YOU CURRENTLY ENROLLED? YES NO
4. CURRENT LEVEL BEING PURSUED, STATE AS APPROPRIATE:
(A) PRIMARY (CLASS E.G. CLASS 4)
(B) SECONDARY (FORM E.G. 2).....
(C) COLLEGE/ UNIVERSITY (YEAR OF STUDY E.G. THIRD YEAR).....
5. STUDENT REGISTRATION /ADMISSION NO.....
6. STUDY TYPE FULL TIME PART TIME
7. DURATION OF STUDIES START DATE..... COMPLETION DATE.....
8. EXPECTED FINAL QUALIFICATION:
 CERTIFICATE GOVT. TRADE TEST DIPLOMA BACHELOR'S DEGREE
OTHER (SPECIFY)
9. APPLICANT'S PREVIOUS HIGHEST QUALIFICATION (ATTACH COPY OF CERTIFICATE/REPORT FORM/A LETTER FROM THE HEAD TEACHER/FACULTY/DEPARTMENT)
NAME OF QUALIFICATION: GRADE AWARDED:
10. STATE THE TOTAL AMOUNT OF FEES REQUIRED FOR THE YEAR OF STUDY I.E. AMOUNT AS STATED IN THE OFFICIAL ANNUAL FEE STRUCTURE AND CURRENT FEE STATEMENT FOR CONTINUING STUDENTS (ATTACH A COPY OF A CERTIFIED OFFICIAL ANNUAL FEE STRUCTURE/CURRENT FEE STATEMENT)
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11. STATE AMOUNT YOU ARE REQUESTING FROM NDFPWD:.....
12. STATE YOUR OWN CONTRIBUTION (TOWARDS FEE STRUCTURE AMOUNT):

13. HAVE YOU PREVIOUSLY RECEIVED EDUCATION ASSISTANCE/SPONSORSHIP/BURSARY YES NO

IF YES, STATE SOURCE: A) NDFPWDYEAR RECEIVED.....AMOUNT.....

B) OTHER (SPECIFY)..... YEAR RECEIVEDAMOUNT.....

SECTION C: DECLARATION

I HAVE ATTACHED THE FOLLOWING DOCUMENTS:

- COPY OF NATIONAL IDENTITY CARD (OR PARENT’S/GUARDIAN’S IF APPLICANT IS UNDER 24 YRS.)
- COPY OF DISABILITY IDENTIFICATION CARD
- COPY OF LETTER OF ADMISSION OR LETTER FROM INSTITUTION IF A CONTINUING PUPIL/STUDENT
- COPY OF CERTIFIED OFFICIAL FEES STRUCTURE/CURRENT FEE STATEMENT FOR CONTINUING STUDENT
- COPY OF PREVIOUS CERTIFICATE(S)/REPORT FORMS, LETTER FROM HEAD TEACHER/FACULTY/DEPARTMENT

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

SIGNATURE: DATE:.....

SECTION D: FOR USE BY HEAD TEACHER/PRINCIPAL/ACADEMIC REGISTRAR

INSTITUTION NAME..... NAME OF OFFICER:

DESIGNATION CONTACT (TELEPHONE NUMBER)

I HEREBY CERTIFY THAT THE HEREIN NAMED INSTITUTION IS REGISTERED WITH THE GOVERNMENT AND IS RECOGNIZED PROVIDER OF THE COURSE FOR WHICH THE APPLICANT NAMED IN THIS FORM HAS APPLIED. THE APPLICANT IS ALSO DULY REGISTERED/ADMITTED IN THE INSTITUTION

ACCOUNT DETAILS

ACCOUNT NAME OF INSTITUTION: ACCOUNT NUMBER:

NAME OF BANK: BRANCH:.....

SIGNATURE AND STAMP: DATE:

SECTION F: FOR OFFICIAL USE – NCPWD COUNTY DISABILITY SERVICES OFFICER

NAME OF OFFICER: COUNTY:

I DO / DO NOT [DELETE AS APPROPRIATE] RECOMMEND THE FOLLOWING INDIVIDUAL TO NDFPWD FOR EDUCATION ASSISTANCE SUPPORT.

REASON FOR RECOMMENDATION/REJECTION:

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.....

I CONFIRM THAT I HAVE CHECKED ALL THE RELEVANT ATTACHMENTS ARE PRESENT AND CORRECT

I CONFIRM THAT THIS INDIVIDUAL IS A STUDENT OF THIS INSTITUTION AND IS CURRENTLY ENROLLED

SIGNATURE AND STAMP:DATE:

SECTION G: FOR OFFICIAL USE – NDFPWD - HEADQUARTERS

RECEIVED BY:

NAME OF OFFICER..... DESIGNATION.....

SIGNATURE AND STAMP.....DATE RECEIVED:REFERENCE NO:.....