##

### NATIONAL DEVELOPMENT FUND FOR PERSONS WITH DISABILITIES

**APPLICATION FORM- PO/AP/2 EDUCATIONAL BURSARY/SCHOLARSHIP**

NOTE: SUBMISSIONOF APPLICATION DOES NOT GUARANTEE SUPPORT

### APPLICANTS ABOVE THE AGE OF 45 ARE NOT ELIGIBLE TO APPLY

 SECTION A: PERSONAL DETAILS

1. NAME……………………………………………………………………………………………………

2. SEX: MALE FEMALE INTERSEX

3. DATE OF BIRTH:(DD/MM/YY) ….…………………………………………………………………………

1. NATIONAL IDENTIFICATION NUMBER (ATTACH COPY) ………………………………………………….
2. DISABILITY IDENTIFICATION NUMBER:(ATTACH A COPY) ………………………………………………

6. STATE DISABILITY ..……………………….……………………

1. CAUSE OF DISABILITY: CONGENITAL ………………… ACQUIRED ……..…………….

(STATE YEAR ACQUIRED) ……………………….

1. PERMANENT COUNTY OF RESIDENCE:…………………………………. SUB-COUNTY …….…………..

LOCATION………………………………...…SUB-LOCATION………………….…………….………………

TELEPHONE: …………………..…. EMAIL: ….………………………………..……………………………..

1. IF APPLICANT IS UNDER 18 YEARS, NAME OF PARENT/GUARDIAN: ………………………………………

NATIONAL ID. NO: ……………….……… RELATIONSHIP TO APPLICANT: ……………..………………….

1. STATE IF YOU HAVE ANY SPECIAL COMMUNICATION NEEDS: TEXT

SIGN LANGUAGE BRAILLE

LARGE PRINT

OTHER(SPECIFY)……………………………………………………………………………………………

 SECTION B: EDUCATION ASSISTANCE REQUESTED (APPLICANTS ARE ENCOURAGED TO SEEK ADMISSION FROM GOVERNMENT INSTITUTIONS AND

FAITH/MISSION BASED INSTITUTIONS)

1. NAME OF INSTITUTION:………………………………………………………..………………………….

2. POSTAL/PHYSICAL ADDRESS: ………………….…………………………………………………………

TELEPHONE:…………………………...EMAIL:……………………………………………………………...

COUNTY:………………………………………… SUB COUNTY: ……………………………………………

1. ARE YOU CURRENTLY ENROLLED? YES NO
2. CURRENT LEVEL BEING PURSUED, STATE AS APPROPRIATE (ATTACH RECENT PERFORMANCE REPORT):

(A) PRIMARY (CLASS E.G. CLASS 4)…………………………………………………………………………...

(B) VOCATIONAL TRAINING…………………………………………………………………………………………………….

(C) SECONDARY (FORM E.G.2).……………………………………………………………………………….

(D) COLLEGE/ UNIVERSITY (YEAR OF STUDY E.G. THIRD YEAR)…….………………………………………..

(FOR UNIVERSITY FIRST DEGREE ONLY)

1. STUDENT REGISTRATION /ADMISSION NO……………………………………………..………………….
2. STUDY TYPE BOARDING DAY SCHOLAR
3. DURATION OF STUDIES ………….… START DATE……..…………… COMPLETION DATE…..………..…
4. KCPE MARKS FOR APPLICANTS JOINING FORM ONE ( ATTACH RESULT SLIP )
5. STATE THE TOTAL AMOUNT OF FEES REQUIRED FOR THE YEAR OF STUDY I.E.(ATTACH A

COPY OF A CERTIFIED ANNUAL FEE STRUCTURE/CURRENT FEE STATEMENT FOR CONTINUING STUDENTS)

# …………………………………………………………………………………………………………… ….

1. STATE AMOUNT REQUESTEDFROM NDFPWD:……………………………………………………………..
2. STATE YOUR OWN CONTRIBUTION ………………………….…………………
3. HAVE YOU PREVIOUSLY RECEIVED EDUCATION ASSISTANCE/SPONSORSHIP/BURSARY YES NO

IF YES, STATE SOURCE:A) NDFPW…….……YEAR RECEIVED……….…AMOUNT……………………..

B) OTHER(SPECIFY)………………… YEAR RECEIVED ………………AMOUNT….……………………….

#  SECTION C: APPLICANT’S BACKGROUND INFORMATION



|  |  |
| --- | --- |
| **INDICATOR** | **DESCRIPTION** |
| **HEALTH** | DO YOU SUFFER FROM ANY CHRONIC ILLNESS OR CONDITION?..........................................................................IF YES PROVIDE EVIDENCE |
| **HOUSEHOLD INCOME** | WHAT IS YOUR HOUSEHOLD SOURCE OF INCOME?: EMPLOYMENTCASUALFARMING AND PASTORALISM BUSINESSSTATE AVERAGE MONTHLY INCOME (KSHS)……………………………………………………………. |
| **HOUSING** | HOUSEHOLD DWELLING:OWNER OCCUPIER (PERMANENT, SEMI PARMANENT)RENTED (PERMANENT, SEMI PARMANENT) |
| **HOUSEHOLD CHARACTERISTICS** | NO. OF HOUSEHOLD MEMBERS WITH DISABILITIES: (PROVIDE REGISTRATION NUMBERS)…………………………………………………………….. NO. OF SIBLINGS IN SCHOOLI) SECONDARY SCHOOL:……………………………..II) UNIVERSITY:……………………………………….ARE YOUR PARENTS ALIVE, ……….…………………IF DECEASEDPROVIDE DEATH CERTIFICATE/BURIAL PERMIT ONE PARENT ALIVEBOTH PARENTS DECEASEDARE YOUR PARENTS LIVING TOGETHER? YES NO |

 SECTION C: DECLARATION I HAVE ATTACHED THE FOLLOWING DOCUMENTS:

COPY OF NATIONAL IDENTITY CARD (OR PARENT’S/GUARDIAN’S IF APPLICANT IS UNDER 18YRS.)

## COPYOFDISABILITYIDENTIFICATIONCARD

COPY OF LETTER OF ADMISSION ORLETTERFROMINSTITUTIONIFACONTINUINGSTUDENT

COPYOFCERTIFIEDOFFICIALFEESSTRUCTURE/CURRENT FEE STATEMENT FOR CONTINUING STUDENT

COPY OF PREVIOUS CERTIFICATE(S)/REPORT FORMS

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 AND IS A CERTIFIED 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 E: FOR OFFICIAL USE – NCPWD COUNTY DISABILITY SERVICES OFFICER

I DO / DO NOT [TICK AS APPROPRIATE] RECOMMEND THE FOLLOWING INDIVIDUAL TO NDFPWD FOR REHABILITATION SUPPORT. REASON FORRECOMMENDATION/REJECTION:

…………………………………………………………………………………………….…………………………………………

……………………………………………………………………………………

I CONFIRM THAT ALL THE RELEVANT DOCUMENTS ARE ATTACHEDAND CORRECT

NAME OF OFFICER: ………………………………………………………. COUNTY: …………………………………

SIGNATURE AND STAMP: ………………………………………………………

DATE SUBMITTED ON MIS: ……………………………

#  SECTION F: FOR OFFICIAL USE – NCPWD HEADQUARTERS

RECEIVED BY:

NAME OF OFFICER …………………………………………………

DESIGNATION……………………………………………………

SIGNATURE AND STAMP…………………………DATE APPROVED ON MIS: …………………………………

REFERENCE NO:..………..……