

SECONDARY BOARDING SCHOOL BURSARY APPLICATION FORM

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REPUBLIC OF ZAMBIA

CONSTITUENCY DEVELOPMENT FUND (CDF)

SECONDARY BOARDING SCHOOL BURSARY APPLICATION FORM

Instructions: This application form should be completed by the applicant and sent together with supporting documents to the Chairperson, Ward Development Committee.

NOTE: This form is not for sale.

Disclaimer: *Completion of the form does not guarantee the award of Secondary Boarding School Bursary.*

Complete all Sections in Capital/Block Letters

A. APPLICANT'S PERSONAL INFORMATION			
Surname:	First Name:	Other Names:	Sex F M
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
Date of Birth: DD _____ MM _____ YY _____ (Attach birth certificate where Possible)			
Nationality: _____ NRC NO. (where applicable) _____			

Province: _____ District: _____ Constituency: _____
Ward: _____ Village/Township: _____
Do you have a disability/special need? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please Specify and attach relevant documentation

B. SCHOOL DETAILS (where you are enrolled or have been accepted) (Attach a copy of an acceptance letter or confirmation letter from the school, this is a must)
Name of School where you are enrolled or have been accepted _____
Last School Attended _____
Last Grade Attended _____
Are you/ where you a boarder? Yes _____ No _____
Who has been paying your school fees _____
Have you been supported by any organization? Yes _____ No _____
(if yes kindly give details) _____

C. DETAILS OF PARENTS /GUARDIANS	
1. FATHER	Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Attach documentation where applicable
Surname:	First Name
Other Names:	
Date of Birth:	Telephone No:
Residential Address:	Email Address:
Occupation:	
Employer/Nature of Business:	
Does father have a disability/special need? Yes <input type="checkbox"/> No <input type="checkbox"/>	

If yes, please specify and attach relevant documentation _____ _____
Does father have medical condition? Yes have <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify: and attach relevant documentation

2. MOTHER	Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Attach documentation where applicable
Surname:	First Name
Other Names:	
Date of Birth :	Telephone No:
Residential Address:	Email Address:
Occupation:	

Employer/Nature of Business:	
<p>Does mother have a disability/special need? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify and attach relevant documentation</p>	
<p>Does mother have medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify: and attach relevant documentation</p>	
3. GUARDIAN	
Surname:	First Name
Other Names:	
Date of Birth:	Telephone No:
Residential Address:	Email Address:
Occupation:	
Employer/Nature of Business:	
<p>Does Guardian have a disability/special need? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify and attach relevant documentation</p>	
<p>Does Guardian have medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify: and attach relevant documentation</p>	

D. INFORMATION ON SIBLINGS/DEPENDANTS TO PARENTS/GUARDIANS
 (if siblings/dependants are in school, indicate who is supporting them)

Details of Siblings

No.	Name	Sex	Age	Occupation	Alive/Deceased

Dependants to Parents/Guardians

No.	Name	Sex	Age	Occupation

E. FAMILY SOCIAL-ECONOMIC STATUS (Tick where applicable) – to be confirmed by CWAC/CDA

i. House

- Owned
- Rented
- Inherited
- Sublet
- Other (Specify):

ii. Type of House Main Material of roof

- | | |
|--|--------------------------|
| Asbestos sheets | <input type="checkbox"/> |
| Asbestos Tiles | <input type="checkbox"/> |
| Other Non-asbestos tiles | <input type="checkbox"/> |
| Iron sheets | <input type="checkbox"/> |
| Grass/wood/thatch | <input type="checkbox"/> |
| Concrete | <input type="checkbox"/> |
| <u>Main Material of floor</u> | <input type="checkbox"/> |
| Earth/Sand | <input type="checkbox"/> |
| Wood planks | <input type="checkbox"/> |
| Palm/bamboo | <input type="checkbox"/> |
| Finished floor (wood tiles, concrete,
vinyl etc.) | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |

Main material of wall

Natural walls (Mud, cane, palm,
trunks)

Rudimentary walls (stone or
bamboo with mud etc.)

Finished walls (bricks, cement,
wood planks, etc.)

iii. Toilet

Inside the house

Outside the house

iv. Water

Piped

Well

Shallow Well

Other (specify)

v. Source of water

Communal

Own premises

vi. Availability of electricity

Yes

No

**vii. Main source of
Income**

viii. No. of meals per day

- One
- Two
- Three
- Other (specify)

...

ix. Does your household have any of the following durable items?

- Tractor
- Plough
- Hammer mill
- Car/truck
- Other (specify)

x. Does your household own Poultry, livestock or any other farm animal? If yes, how many

- Cattle
- Goats
- Sheep
- Pigs
- Poultry
- Other (Specify)

F.	LIST OF ATTACHMENTS- (please tick what has been attached and /or not provided)	indicate what is
<input type="checkbox"/>	Recommendation from previous sponsor (where applicable)	
<input type="checkbox"/>	Birth Certificate/s of applicant	
<input type="checkbox"/>	Death certificate/s of parents	
<input type="checkbox"/>	Pay slips/ proof of income of parents/guardian	
	Medical record(s) of parent/guardian	
<input type="checkbox"/>	Disability card/ Confirmation of disability of applicant/parent/guardian	
	Recommendation from traditional leadership	
<input type="checkbox"/>	Recommendation from Community Welfare Assistance Committee	
<input type="checkbox"/>	Acceptance letter /confirmation of enrollment	
<input type="checkbox"/>	Copy of application form	
<input type="checkbox"/>	Applicant to sign each and every page of this application document	
Details	Applicant (Learner)	Contact person for Applicant
Name		
Physical Address		
Phone (where applicable)		
NRC (where applicable)		
Signature		
Date		

RECOMMENDED/ NOT RECOMMENDED BY THE WARD DEVELOPMENT COMMITTEE

Give Reasons:

.....

Name:

Designation:

Signature:

Date:

APPROVED/NOT APPROVED BY THE CONSTITUENCY DEVELOPMENT FUND COMMITTEE

Give Reasons

.....

Name:

Designation:

Signature:

Date: