SECONDARY BORADING SCHOOL BURSARY APPLICATION FORM

Passport Size Photo

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: ***<u>This form is not for sale</u>*****.**

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** ☐
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 ☐ No ☐
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** ☐ **Deceased** ☐ **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 ☐ No ☐

If yes, please specify and attach relevant documentation

_____

_____

Does father	Yes have	☐	No	☐

medical condition?

If yes, please specify:
and attach relevant
documentation

2. MOTHER **Alive** ☐ **Deceased** ☐

Attach documentation where applicable

Surname:	First Name
Other Names:	
Date of Birth :	Telephone No:
Residential Address:	Email Address:
Occupation:	
Employer/Nature of Business:	

Does mother have a disability/special need? Yes ☐ No ☐

If yes, please specify and attach relevant documentation

Does mother have medical condition? Yes ☐ No ☐

If yes, please specify:
and attach relevant
documentation

3. **GUARDIAN**

Surname:	First Name
Other Names:	
Date of Birth:	Telephone No:
Residential Address:	Email Address:
Occupation:	
Employer/Nature of Business:	

Does Guardian have a disability/special need? Yes ☐ No ☐

If yes, please specify and attach relevant documentation

Does Guardian have medical condition? Yes ☐ No ☐

If yes, please specify:

and attach relevant documentation

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

Details of Siblings

No.	Name	Sex	Age	Alive/Deceased

Dependents 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

Asbestos Tiles

Other Non-asbestos tiles

Iron sheets

Grass/wood/thatch

Concrete

Main Material of floor

Earth/Sand

Wood planks

Palm/bamboo

Finished floor (wood tiles, concrete,

vinyl etc.)

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**
☐	Recommendation from previous sponsor (where applicable)	☐
☐	Birth Certificate/s of applicant	☐ ☐

☐	Death certificate/s of parents	☐
☐	Pay slips/ proof of income of parents/guardian	☐
☐	Medical record(s) of parent/guardian	☐
☐	Disability card/ Confirmation of disability of applicant/parent/guardian	☐
☐	Recommendation from traditional leadership	☐
☐	Recommendation from Community Welfare Assistance Committee	☐
☐	Acceptance letter /confirmation of enrollment	☐
☐	Copy of application form	☐
☐	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 COMMITTEEE

Give Reasons ……

……

Name: .....

Designation: .....

Signature: .....

Date: .....