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 medical condition?	Yes have ☐ No ☐
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.)	
iii.	**Toilet**		
		Finished walls (bricks, cement,	
		wood planks, etc.)	
iv.	**Water**		
		Inside the house	
		Outside the house	
v.	**Source of water**	Piped	
		Well	
		Shallow Well	
vi.	**Availability of electricity**	Other (specify)	

		Communal	
		Own premises	
		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: .....