

SECONDARY BORADING 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:

Does mother have a disability/special need? Yes

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

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	<input type="checkbox"/>
	Palm/bamboo	<input type="checkbox"/>
	Finished floor (wood tiles, concrete, vinyl etc.)	<input type="checkbox"/>
		<input type="checkbox"/>
	<u>Main material of wall</u>	
	Natural walls (Mud, cane, palm, trunks)	<input type="checkbox"/>
		<input type="checkbox"/>
	Rudimentary walls (stone or bamboo with mud etc.)	<input type="checkbox"/>
iii. Toilet	Finished walls (bricks, cement, wood planks, etc.)	<input type="checkbox"/>
		<input type="checkbox"/>
iv. Water	Inside the house	<input type="checkbox"/>
	Outside the house	<input type="checkbox"/>
		<input type="checkbox"/>
v. Source of water	Piped	<input type="checkbox"/>
	Well	
	Shallow Well	<input type="checkbox"/>
		<input type="checkbox"/>
vi. Availability of electricity	Other (specify)	<input type="checkbox"/>
		<input type="checkbox"/>

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	<input type="checkbox"/>
Pigs	<input type="checkbox"/>
Poultry	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>

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"/>
<input type="checkbox"/>	Birth Certificate/s of applicant	<input type="checkbox"/>
<input type="checkbox"/>	Death certificate/s of parents	<input type="checkbox"/>
<input type="checkbox"/>	Pay slips/ proof of income of parents/guardian	<input type="checkbox"/>
<input type="checkbox"/>	Medical record(s) of parent/guardian	<input type="checkbox"/>
<input type="checkbox"/>	Disability card/ Confirmation of disability of applicant/parent/guardian	<input type="checkbox"/>
<input type="checkbox"/>	Recommendation from traditional leadership	<input type="checkbox"/>
<input type="checkbox"/>	Recommendation from Community Welfare Assistance Committee	<input type="checkbox"/>
<input type="checkbox"/>	Acceptance letter /confirmation of enrollment	<input type="checkbox"/>
<input type="checkbox"/>	Copy of application form	<input type="checkbox"/>
<input type="checkbox"/>	Applicant to sign each and every page of this application document	<input type="checkbox"/>

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: