REPUBLIC OF ZAMBIA

SECONDARY BORADING SCHOOL BURSARY APPLICATION FORM

Passport Size Photo

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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 ☐	

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If yes, please specify and attach relevant documentation

_____

_____

Does father have medical condition? Yes ☐ 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	Occupation	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

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		Asbestos sheets	☐
		Asbestos Tiles	☐
		Other Non-asbestos tiles	☐
		Iron sheets	☐
		Grass/wood/thatch	☐
		Concrete	☐
		<u>Main Material of floor</u>	
		Earth/Sand	☐
		Wood planks	☐
		Palm/bamboo	☐
		Finished floor (wood tiles, concrete, vinyl etc.)	☐
		<u>Main material of wall</u>	
		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 indicate what is not provided)	
• Recommendation from previous sponsor (where applicable)	☐
• Birth Certificate/s of applicant	☐
• Death certificate/s of parents	☐
• Pay slips/ proof of income of parents/guardian	☐

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• 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	☐

Applicant (Learner)

Name……

Physical Address: ……

…….

Phone (where applicable)

……

NRC (where applicable)

…….

Signature……

Date……..

Contact person for Applicant

Name ……

Physical Address: ……..

……

Phone ……..

NRC……..

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: .....