

APPENDIX F: SECONDARY BOARDING SCHOOL BURSARY APPLICATION FORM



Passport
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REPUBLIC OF ZAMBIA

CONSTITUENCY DEVELOPMENT FUND (CDF)

SECONDARY BOARDING SCHOOL BURSARY APPLICATION FORM

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 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/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

ii. Type of House	Rented	<input type="checkbox"/>
	Inherited	<input type="checkbox"/>
	Sublet	<input type="checkbox"/>
	Other (Specify)	<input type="checkbox"/>
	<u>Main Material of roof</u>	
	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>	
	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"/>
	<u>Main material of wall</u>	
	Natural walls (Mud, cane, palm, trunks)	<input type="checkbox"/>
	Rudimentary walls (stone or bamboo with mud etc.)	<input type="checkbox"/>
	Finished walls (bricks, cement, wood planks, etc.)	<input type="checkbox"/>
iii. Toilet		
	Inside the house	<input type="checkbox"/>
	Outside the house	<input type="checkbox"/>
iv. Water		
	Piped	<input type="checkbox"/>
	Well	<input type="checkbox"/>
	Shallow Well	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>

v. Source of water	Communal	<input type="checkbox"/>
	Own premises	<input type="checkbox"/>
vi. Availability of electricity	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
vii. Main source of income	
viii. No. of meals per day	One	<input type="checkbox"/>
	Two	<input type="checkbox"/>
	Three	<input type="checkbox"/>
	Other (specify)
ix. Does your household have any of the following durable items?	Tractor	<input type="checkbox"/>
	Plough	<input type="checkbox"/>
	Hammermill	<input type="checkbox"/>
	Car/truck	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>
	
x. Does your household own poultry, livestock or any other farm animal? If yes, how many	Cattle	<input type="checkbox"/>
	Goats	<input type="checkbox"/>
	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 indicate what is not provided)	
• 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	<input type="checkbox"/>
• Medical record(s) of parent/guardian	<input type="checkbox"/>
• Disability card/ Confirmation of disability of applicant/parent/guardian	<input type="checkbox"/>
• 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	<input type="checkbox"/>

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 COMMITTEE

Give Reasons

.....
.....

Name:

Designation:

Signature:

Date:

APPENDIX G. APPRAISAL CHECKLIST FOR SECONDARY BOARDING SCHOOL BURSARY FOR OFFICIAL USE

No	Checklist	Tick
1.	<i>Learner is of school going age</i>	
2.	<i>A learner must be a resident of the Constituency in which the fund is sitting</i>	
3.	<p><i>Learner meets most of the following criteria:</i></p> <ul style="list-style-type: none"> i. A learner must be enrolled at a particular public boarding school; ii. A learner must have qualified to grade eight or already enrolled in grade 9 to 12; iii. School drop-outs who failed to pay school fees shall be eligible for a bursary; iv. Learners that are enrolled in the boarding schools but are accommodated in the nearby villages due to failure to pay boarding fees; v. Double Orphaned where the guardian has no reliable source of income; vi. Single Orphaned where the surviving parent has no reliable source of income; vii. A learner with disability; viii. Learners whose parents are disabled and have no reliable source of income; ix. Learners whose parents or guardians have no reliable source of income; x. Learners on the school re-entry project without family support; and xi. A learner from a poor, vulnerable and incapacitated household where a vulnerable household has the following characteristics: <ul style="list-style-type: none"> xii. Presence of stunted or underweight children; xiii. Children out of school; xiv. Female headed household; xv. Households headed by chronically ill and on palliative care; 	

	<p>xvi. Households headed by elderly persons aged 65 and above; and</p> <p>xvii. Child headed households.</p>	
5.	Death certificates of Parents/Guardian (where applicable)	
6.	Disability forms/membership cards or letters from the hospital (where applicable)	
7.	Recommendation letters from the Church/Chief/Headman (whichever is applicable)	
8.	Recommendation or assessment report from the School Guidance Teacher/Head teacher (where applicable)	

*** Please note that no application will be considered without the endorsement by the WDC Chairperson***

OFFICERS FULLAMES.....DESIGNATION.....

DEPARTMENT

DATE.....SIGNATURE.....