

APPENDIX F: SECONDARY BOARDING SCHOOL BURSARY APPLICATION FORM



Passport
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Photo

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"/>	

<p>If yes, please specify and attach relevant documentation</p> <hr/> <hr/>	
<p>Does father have medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify and attach relevant documentation</p> <hr/> <hr/>	
<p>2. MOTHER Alive <input type="checkbox"/> Deceased <input type="checkbox"/></p> <p style="text-align: center;">Attach documentation where applicable</p>	
Surname:	First Name
Other Names:	
Date of Birth :	Telephone No:
Residential Address:	Email Address:
Occupation:	
Employer/Nature of Business:	
<p>Does mother have a disability/special need? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify and attach relevant documentation</p> <hr/> <hr/>	
<p>Does mother have medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify and attach relevant documentation</p> <hr/> <hr/>	
<p>3. GUARDIAN</p>	
Surname:	First Name
Other Names:	
Date of Birth:	Telephone No:
Residential Address:	Email Address:
Occupation:	
Employer/Nature of Business:	
<p>Does Guardian have a disability/special need? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

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

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

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.....