



REPUBLIC OF ZAMBIA

### APPENDIX G. SECONDARY BOARDING 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:** *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					
<b>Surname:</b>	<b>First Name:</b>	<b>Other Names:</b>	<b>Sex</b>	<b>F</b>	<b>M</b>
_____	_____	_____		<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"/>					

# GUIDELINES

MANAGEMENT, DISBURSEMENT, UTILISATION AND ACCOUNTABILITY OF THE CONSTITUENCY DEVELOPMENT FUND

If yes, please Specify and attach relevant documentation
_____
_____

<b>B. SCHOOL DETAILS (where you are enrolled or have been accepted)</b> <b>(Attach a copy of an acceptance letter or confirmation letter from the school, this is a must)</b>
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) _____

<b>C. DETAILS OF PARENTS /GUARDIANS</b>	
<b>1. FATHER</b>	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

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Does father have medical condition? Yes  No

If yes, please specify and attach relevant documentation

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**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

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Does mother have medical condition? Yes  No

If yes, please specify and attach relevant documentation

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**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

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# GUIDELINES

MANAGEMENT, DISBURSEMENT, UTILISATION AND ACCOUNTABILITY OF THE CONSTITUENCY DEVELOPMENT FUND

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
- Rented
- Inherited
- Sublet
- Other (Specify)

### ii. Type of House

Main Material of roof



	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"/>
<b>iii. Toilet</b>		
	Inside the house	<input type="checkbox"/>
	Outside the house	<input type="checkbox"/>
<b>iv. Water</b>		
		<input type="checkbox"/>
	Piped	<input type="checkbox"/>
	Well	<input type="checkbox"/>
	Shallow Well	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>
<b>v. Source of water</b>		
	Communal	<input type="checkbox"/>
	Own premises	<input type="checkbox"/>
<b>vi. Availability of electricity</b>	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

# GUIDELINES

MANAGEMENT, DISBURSEMENT, UTILISATION AND ACCOUNTABILITY OF THE CONSTITUENCY DEVELOPMENT FUND

<b>vii.</b>	<b>Main source of income</b> .....	
<b>viii.</b>	<b>No. of meals per day</b>	
	One	<input type="checkbox"/>
	Two	<input type="checkbox"/>
	Three	<input type="checkbox"/>
	Other (specify) .....	
<b>ix.</b>	<b>Does your household have any of the following durable items?</b>	
	Tractor	<input type="checkbox"/>
	Plough	<input type="checkbox"/>
	Hammer mill	<input type="checkbox"/>
	Car/truck	<input type="checkbox"/>
	Other (specify) .....	<input type="checkbox"/>
<b>x.</b>	<b>Does your household own poultry, livestock or any other farm animal? If yes, how many</b>	
	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"/>
<b>F. LIST OF ATTACHMENTS- (please tick what has been attached and /or indicate what is not provided)</b>		
	• 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)**

**Contact person for Applicant**

Name.....

Name .....

Physical Address: .....

Physical Address: .....

.....

.....

Phone (where applicable)

Phone .....

NRC.....

.....

Signature.....

NRC (where applicable)

Date.....

.....

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**

.....  
.....

# GUIDELINES

MANAGEMENT, DISBURSEMENT, UTILISATION AND ACCOUNTABILITY OF THE CONSTITUENCY DEVELOPMENT FUND

**Name:** .....

**Designation:** .....

**Signature:** .....

**Date:** .....





**APPENDIX H. APPRAISAL CHECKLIST FOR SECONDARY BOARDING SCHOOL BURSARY – FOR OFFICIAL USE**

No	Checklist	Tick
1.	Learner is of school going age	
2.	A learner must be a resident of the Constituency in which the fund is sitting	
3.	<p>Learner meets most of the following criteria:</p> <ul style="list-style-type: none"> <li>i. A learner must be enrolled at a particular public boarding school;</li> <li>ii. A learner must have qualified to grade eight or already enrolled in grade 9 to 12;</li> <li>iii. School drop-outs who failed to pay school fees shall be eligible for a bursary;</li> <li>iv. Learners that are enrolled in the boarding schools but are accommodated in the nearby villages due to failure to pay boarding fees;</li> <li>v. Double Orphaned where the guardian has no reliable source of income;</li> <li>vi. Single Orphaned where the surviving parent has no reliable source of income;</li> <li>vii. A learner with disability;</li> <li>viii. Learners whose parents are disabled and have no reliable source of income;</li> <li>ix. Learners whose parents or guardians have no reliable source of income;</li> <li>x. Learners on the school re-entry project without family support; and</li> <li>xi. A learner from a poor, vulnerable and incapacitated household where a vulnerable household has the following characteristics: <ul style="list-style-type: none"> <li>xii. Presence of stunted or underweight children;</li> <li>xiii. Children out of school;</li> <li>xiv. Female headed household;</li> <li>xv. Households headed by chronically ill and on palliative care;</li> <li>xvi. Households headed by elderly persons aged 65 and above; and</li> <li>xvii. Child headed households.</li> </ul> </li> </ul>	
5.	Death certificates of Parents/Guardian (where applicable)	

# GUIDELINES

MANAGEMENT, DISBURSEMENT, UTILISATION AND ACCOUNTABILITY OF THE CONSTITUENCY DEVELOPMENT FUND

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.....