#### SKILLS DEVELOPMENT BURSARY APPLICATION FORM

APPENDIX I: SKILLS DEVELOPMENT BURSARY APPLICATION FORM

Passport Size Photo



### REPUBLIC OF ZAMBIA

### CONSTITUENCY DEVELOPMENT FUND

# SKILLS DEVELOPMENT BURSARY APPLICATION FORM

Application Identification Number	SBD/Zone//Ward Code Number
(For official use only)	

**Instructions:** This application form should be completed by the applicant and sent together with documents outlined in Annex 1 to the Chairperson, Ward Development Committee.

NOTE: This form is not for sale.

Disclaimer: Completion of the form does not guarantee the award of CDF Skills Development Bursary.

## PART A: TO BE COMPLETED BY APPLICANT

1.	Surname:
2.	Other Names:
3.	Sex (Male/Female)Nationality
4.	N.R.C. No:(Photocopy to be attached)
5.	Date of Birth:Place of Birth:

6. Residence of Applicant:
(a) District
(b) Constituency
(c) Ward
(d) Zone
7. Postal Address:
8. Mobile Phone No: E-mail.
9. Vulnerability Status:
(a) Single Orphan/Double Orphan/Other (Please Specify):
(b) Are you disabled? Yes/No. if yes, specify nature of disability:
(c) Financial challenge (Specify)
PART B: SCHOOL AND COURSE DETAILS
10. School Leaver/Non School LeaverLast grade attended:
11. Last school attended:
District:
12. From date:
13. Highest certificate attained:
14. Have you received an acceptance letter?
YesNo

15.	If your answer to (14) above was yes, name the institution where you have been accepted:
16.	What programme of study do you wish to pursue?
17.	Duration of programme:
18.	Have you applied for or received any scholarship, bursary from any other organizations or authority before?
	Yes/
No	
19.	If your answer to (18) above was yes, give details
20.	.Have you ever benefited from the CDF Skills Development Bursary sponsorship before? Yes/No
21.	If your answer to (21) above was yes, give details of when and how you benefited

# PART C: PERSONAL DETAILS OF PARENT/GUARDIAN

22.	Surname:
23.	Other names:
24.	Sex: (indicate male or female)
25.	Date of birth:
26.	Nationality
27.	NRC Number:
28:	Relationship to applicant:
29.	Village:
30.	Chief:
31.	District:
32.	Residential address.
33.	Constituency:
34:	District:
35.	Province:
36.	Postal address:
37.	Mobile Phone number:
38.	E-mail address
	RT D: EMPLOYMENT DETAILS OF PARENT/GUARDIAN (WHERE PLICABLE)
39.	Occupation of:
	a. Father
	h. Mother

Date:
e and possible prosecution or both.
nat any false information on this form will lead to immediate forfeiture of
my knowledge, the information I have given is the absolute truth. I also
of NRC number do declare that
CCLARATION
Father:
s of Employer:
Guardian
Mother
Father
n/ Rank of:
Guardian
Mother
Father
of Employer of:
Guardian

Signature of Parent/Guardian	
Date:	
PART I: FOR OFFICIAL USE ONLY	
WARD DEVELOPMENT COMMITTEE	
(S. A. 1/N. (A. 1.	
(i) Approved/ Not Approved.	
Signature:	Date:
Name	
Chairperson, Ward Development Committee	
Chairperson, ward bevelopment Committee	
CONSTITUENCY DEVELOPMENT FUND COMMITTEE	
CONSTITUENCY DEVELOPMENT FOND COMMITTEE	
(ii) Approved/ Not Approved.	
(m)PP-01-000 11001-PPR-01-000	
Signature:	Date:

•••••

Name	OFFICIAL STAMP
Chairperson, Constituency Development Fund Committee	

### **ANNEX 1: REQUIRED DOCUMENTATION**

The application for Skills Training Bursary shall be submitted together with an admission or acceptance letter from any public or private institution accredited by TEVETA or Zambia National Service and any of the following certified documents:

- a) Copy of Green National Registration Card
- b) Disability card or letter from the hospital denoting disability;
- c) Recommendation letters from the Church/Chief/Headman/Head of previous School;
- d) A full Grade 12 School Certificate or GCE five (5), O-levels or equivalent or Grade 9 or 7 Certificates.