



# NATIONAL DEVELOPMENT FUND FOR PERSONS WITH DISABILITIES

APPLICATION FORM

PO/AP/2

## EDUCATIONAL ASSISTANCE

### SECTION A: PERSONAL DETAILS

1. NAME: .....

2. GENDER:  MALE  FEMALE

3. DATE OF BIRTH: .....

4. NATIONAL ID NUMBER:.....

5. NCPWD REGISTRATION NUMBER: .....

6. OCCUPATION: .....

7. PLEASE STATE IF YOU HAVE ANY SPECIAL COMMUNICATIONS REQUIREMENTS:

ENGLISH LANGUAGE

KISWAHILI LANGUAGE

SIGN LANGUAGE

LARGE PRINT

BRAILLE

OTHER (SPECIFY).....

8. IF APPLICANT IS UNDER 18 YEARS OLD NAME OF PARENT/GUARDIAN: .....

NATIONAL ID NO: .....

RELATIONSHIP TO APPLICANT: .....

9. POSTAL ADDRESS: .....

TELEPHONE: .....

EMAIL: .....

10. PHYSICAL ADDRESS: .....

DIVISION: .....

DISTRICT: .....

COUNTY:.....

10. DISABILITY TYPE(S)

PHYSICAL

VISUAL

HEARING

SPEECH

MENTAL

INTELLECTUAL

ALBINISM  MULTIPLE/OTHER (SPECIFY) .....

**SECTION B: EDUCATION ASSISTANCE REQUESTED**

1. NAME OF COURSE: .....

2. INSTITUTION: .....

3. QUALIFICATION LEVEL BEING PURSUED:  CERTIFICATE  DIPLOMA  GOVT. TRADE TEST  
 BACHELOR'S DEGREE  OTHER (SPECIFY) .....

4. ARE YOU CURRENTLY ENROLLED IN THIS COURSE?  YES  NO

5. DESCRIBE APPLICANT'S PREVIOUS HIGHEST QUALIFICATION (ATTACH COPY OF CERTIFICATE)  
QUALIFICATION NAME: ..... GRADE AWARDED: .....

6. DATE COURSE STARTS: .....

7. DATE COURSE ENDS: .....

8. STUDY TYPE:  FULL TIME  PART TIME

9. NATURE OF ASSISTANCE REQUESTED (CLEARLY STATE ASSISTANCE REQUESTED E.G. TUITION FEES, BOARDING FEES; EXAMINATIONS FEES, LEARNING MATERIALS, TRAVEL EXPENSES- ATTACH SUPPORTING DOCUMENTS)  
.....  
.....  
.....  
.....  
.....

10. TOTAL COST OF COURSE THIS YEAR: .....

11. AMOUNT REQUESTED FROM THE FUND: .....

10. OWN CONTRIBUTION (KSH): .....  
(YOUR OWN CONTRIBUTION SHOULD BE AT LEAST 25% OF TOTAL COST EACH YEAR. UNDER EXCEPTIONAL CIRCUMSTANCES NDFPWD MAY COVER THE FULL COURSE COST BUT YOU MUST SHOW EVIDENCE THAT YOU ARE IN FINANCIAL HARDSHIP)

DETAILS:.....  
.....

**SECTION C: DECLARATION**

I HAVE ATTACHED THE FOLLOWING DOCUMENTS:

- COPY OF NATIONAL IDENTITY CARD (OR PARENT’S/ GUARDIAN’S IF BENEFICIARY IS UNDER 18YRS)
- COPY OF LETTER OF ADMISSION
- COPY OF FEES SCHEDULE
- COPY OF CERTIFICATE OF EDUCATION (AS STATED IN SECTION B. QUESTION 4)
- LETTER OF RECOMMENDATION FROM PROVINCIAL ADMINISTRATION OFFICER (CHIEF/ASST. CHIEF)

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: ..... DATE: .....

**SECTION D: FOR USE BY EDUCATION OFFICER/ HEAD TEACHER/ PRINCIPAL**

NAME: ..... EDUCATION INSTITUTION NAME: .....

I HEREBY CERTIFY THAT THE HEREIN NAMED INSTITUTION IS REGISTERED WITH THE GOVERNMENT AND IS A RECOGNISED PROVIDER OF THE COURSE FOR WHICH THE APPLICANT NAMED IN THIS FORM HAS APPLIED.

SIGNED: ..... DATE: .....

**SECTION E: FOR OFFICIAL USE BY DGSDO**

NAME OF DGSDO: ..... DISTRICT: .....

I DO / DO NOT [DELETE AS APPROPRIATE] RECOMMEND THIS APPLICATION TO NDFPWD FOR FUNDING.

REASON FOR RECOMMENDATION/ REJECTION: .....

.....  
.....  
.....

I CONFIRM THAT I HAVE CHECKED ALL THE RELEVANT ATTACHMENTS ARE PRESENT AND CORRECT

I CONFIRM THAT THIS INDIVIDUAL IS RESIDENT IN THIS DISTRICT

SIGNED: ..... DATE: .....

**SECTION F: FOR OFFICIAL USE NDFPWD**

REFERENCE NO: ..... DATE RECEIVED: .....