

**SKILLS DEVELOPMENT BURSARY APPLICATION FORM**

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**APPENDIX I: SKILLS DEVELOPMENT BURSARY APPLICATION FORM**



**REPUBLIC OF ZAMBIA**

**CONSTITUENCY DEVELOPMENT FUND**

**SKILLS DEVELOPMENT BURSARY  
APPLICATION FORM**

|  |                                   |
|--|-----------------------------------|
| <b>Application Identification Number (For official use only)</b> | <b>SBD/Zone//Ward Code Number</b> |
|--|-----------------------------------|

**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 Leaver.....Last grade attended:.....

11. Last school attended:.....

District:.....

12. From date: .....To date:..... 13.

Highest certificate attained:.....

14. Have you received an acceptance letter?

Yes.....No.....

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.....

**PART D: EMPLOYMENT DETAILS OF PARENT/GUARDIAN (WHERE APPLICABLE)**

39. **Occupation of:**

- a. Father.....
- b. Mother.....
- c. Guardian.....

40. **Name of Employer of:**

- a. Father.....
- b. Mother.....
- c. Guardian.....

41. **Position/ Rank of:**

- a. Father.....
- b. Mother.....
- c. Guardian.....

42. **Address of Employer:**

- a. Father: .....
- b. Mother:.....
- c. Guardian: .....

**PART E: DECLARATION**

*I.....  
.....of NRC number..... do declare that to  
the best of my knowledge, the information I have given is the absolute truth. I also  
understand that any false information on this form will lead to immediate forfeiture of  
this assistance and possible prosecution or both.*

Signature of

Applicant:.....Date:.....

Signature of Parent/Guardian.....

Date:.....

**PART I: FOR OFFICIAL USE ONLY**

**WARD DEVELOPMENT COMMITTEE**

(i) **Approved/ Not Approved.**

Signature: .....

Date:

.....

Name.....

**Chairperson, Ward Development Committee**

**CONSTITUENCY DEVELOPMENT FUND COMMITTEE**

(ii) **Approved/ Not Approved.**

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.