

Dear Applicant

Please read the instructions before completing the application form.

1. General instructions

1.1 The completed application form must be submitted before 30 September.

1.2 Only application forms completed in full and accompanied with the required supporting documents will be considered.

1.3. Only application forms that are mailed to us by post or hand delivered will be considered. Faxed and emailed forms will not be considered.

2. Documents to be submitted with the application forms.

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| 2.1 | Photocopies of the last 2 terms reports | √ |
| 2.2 | Motivation letter from Pastor that reflects the actual financial situation of the family. | |
| 2.3 | Certified copy of birth certificate or identification document. | |
| 2.4 | Copies of documents outlining Academic Achievement | |
| 2.5 | In case of orphan/single parent/unemployed/divorce/ widow-please provide proof. | |
| 2.6 | Supporting documents as proof of income and expenditure | |
| 2.7 | Breadwinners most recent Tax Return | |
| 2.8 | 3 months bank statement – certified copies | |
| 2.9 | Marriage certificate | |

3. Selection Criteria as per “DCCS Scholarship and Bursary Policy.”

4. Application for Scholarship is only for current DCCS learners and is based on the Principal’s recommendation only.

5. Bursary amounts is as per “DCCS Scholarship and Bursary Policy.”

SCHOLARSHIP AND BURSARY APPLICATION FORM 2014

Please read the information letter carefully before completing this form.

| | |
|---------------------------------------|--|
| N.B Please mark an x where applicable | |
| 1. Scholarship Application | |
| 2. Bursary Application | |

SECTION 1: PERSONAL INFORMATION

| APPLICANTS DETAILS | |
|---------------------------|------|
| Surname: | |
| First Name: | |
| Second Name/s: | |
| Gender: | |
| Race: | |
| Country: | |
| Identity Number: | |
| Date Of Birth (DD/MM/YY): | |
| Place Of Birth: | |
| Home Language: | |
| Religion: | |
| ACADEMIC INFORMATION | |
| Name of School | |
| Principal's Details | |
| Address of School | |
| Telephone Number | Fax: |
| Email address | |

SECTION 2: ACADEMICS (To be completed by current educator).

| 1. ACADEMIC RESULTS | | |
|---------------------|---------------------|---------------------|
| SUBJECTS | 2011 Grade__ (Code) | 2012 Grade__ (Code) |
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2. AWARDS AND/OR RECOGNITION

2.1 ACADEMIC

2.2 . EXTRA-CURRICULAR

2. 3. PERSONALITY AND LEADERSHIP QUALITIES

2.4. I recommend this applicant for a bursary because:

Name: _____ **Position:** _____ **School:** _____

Tel. No: _____ **Email:** _____

Signature: _____

Date: _____

| |
|-----------------------|
| Official school stamp |
|-----------------------|

Declaration by parent:

I,(initials and surname)declare that:

1. The above particulars are complete and correct and I understand that any false information supplied, will lead to the immediate cancellation of bursary/scholarship.
2. All documents required are attached-if not- I understand that it will lead to the immediate cancellation of my application.
3. I understand that this bursary must be utilized as from the _____ academic year and cannot be transferred to the following year or to another person and that no outstanding balances from the previous academic year will be paid.
4. I understand that no payment will be made before all documentation has been submitted.

Signature of parent/ guardian: _____ Date: _____

Witnesses: 1. _____ Date: _____

2. _____ Date: _____