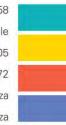


Postal Address: P.O. Box 30648 • Mayville • 4058 Physical Address: 39 Galway Road • Mayville Tel: 031 2425005 Fax: 031 2425072 Email: admin@ics.org.za Web: dccschool.co.za



## Dear Applicant

Please read the instructions before completing the application form.

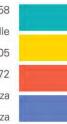
- 1. General instructions
- 1.1 The completed application form must be submitted before 30 September.
- 1.2 Only application forms completed in full and accompanied with the required supporting documents will be considered.
- 1.3. Only application forms that are mailed to us by post or hand delivered will be considered. Faxed and emailed forms will not be considered.
- 2. Documents to be submitted with the application forms.

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."



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# 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	Fa	x:
Email address		

	APPLICA	NTS FA	MILY DETAILS		
FATHER'S DETAILS			MOTHER'S DETAIL	LS	
Title:			Title:		
Name:			Name:		
Surname:			Surname:		
Birth Date:			Birth Date:		
I.d Number:			I.d Number:		
Street Address:			Street Address:		
Code:			Code:		
City:			City:		
Province:			Province:		
Postal Code:			Postal Code:		
Home Tel:			Home Tel:		
Work Tel:			Work Tel:		
Cell :			Cell :		
E Mail Address:			E Mail Address:		
Employer:			Employer:		
Occupation:			Occupation:		
Marital Status:			Marital Status:		
Gross monthly.			Gross monthly.		
Nett monthly.			Nett monthly.		
Provide names an	d surnames of other mem	bers of	your family who ar		ıe.
Name	Relationship(e.g. sister)	fall under? (pre-school/schoolhave anyof inclearner/Tertiary student/adultincome formis thany source.(e.)(provide randwagesper month.)ary/gr		What kind of income is this? (e.g. wages/sal ary/grant/ pension.)	

# **BUDGET PERIOD (1 MONTH)**

A. INCOME	B. EXPENSES	
1. Expected personal earning for	1. Utilities	
the month.		
2. Expected personal earning of	2. Telephone	
spouse for the month.		
3. Portion of personal savings.	3. Food	
4. Pension or annuity (please	4. Insurance	
specify).		
5. Portion of equity and other	5. Medical Aid	
liquid assets.		
6. Estimated investment/rental	6. Car expenses/public transportation	
income.		
7. Other	7.Bond/Rent	
	8. Others	
SUMMARY		
Sub Total (A)		
Estimated Expenses (B)		
Sub-total (income vs expenses (A-		
B=C)		
5 51		

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

1. ACADEMIC RESULTS		
SUBJECTS	2011 Grade (Code)	2012 Grade (Code)

## 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: