



Bursary Application Form

PROFILE

Name:	Last Name:	First Name:	Middle Name(s):	Title: Mr. Mrs. Ms. Miss Other _____ (state)
Date of Birth: dd/mm/yyyy	Gender: Male [] Female []		Type of Scholarship CPEA []	
Country of Birth:	Nationality:		Disability: Yes [] No [] If Yes, please state: _____	

CONTACT INFORMATION

Permanent Address:	Home Phone:	Cellular Phone:	Email address:
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ACADEMIC PROFILE

Have you been previously awarded a scholarship/bursary?
 Yes [] No []
 If yes state: _____ Value: \$ _____

PARENTAL INFORMATION

Mother/Stepmother/Guardian (omit as necessary) Name: _____	Father/Stepfather/Guardian (omit as necessary) Name: _____
Address:	Address:
Telephone Work: Home: Cellular:	Telephone Work: Home: Cellular:
Occupation:	Occupation:
Employer:	Employer:
Weekly [] Fortnightly [] Monthly []	Weekly [] Fortnightly [] Monthly []

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FOR OFFICIAL USE ONLY
Documents Submitted

Copy of CPEA Results []
Letter attesting to child need of financial aid []

ASSESTMENT COMMITTEE'S DECISION
