**Terms and Conditions for the Bursary**

**PHOTO**

1. The Kalikwani Children’s Foundation Bursary scheme is designed to support vulnerable children in accessing quality education.
2. The bursary is ONLY open to children who meet the foundation’s eligibility criteria.
3. Successful applicants will receive a bursary to cover part or all of their school fees.
4. The bursary is renewable annually, subject to satisfactory academic performance and adherence to the terms and conditions.
5. The foundation reserves the right to revoke the bursary if a beneficiary fails to meet the accepted standards.
6. Any form of indiscipline may lead to the cancellation of the bursary.

**Eligibility Criteria**

1. Age: 3-18 years.
2. Vulnerable or disadvantaged background.
3. Good academic performance.
4. Demonstrated need for financial assistance.

**Section 1: Applicant’s Information**

* Name: ………………………………………………………………………………………….….
* Date of Birth: ……………………………………………………………………………………...
* Gender: ………………………………………………………………………………………...….
* Contact address: …………………………………………………………………………………
* Phone Number: ………………………………………………………………………………….
* Email Address: ………………………………………………………………………………….

**Section 2: Educational Background**

* Current level of education: …………………………………………………………………….
* Name of school: …………………………………………………………………………………
* Academic performance (attach copies of recent reports)

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**Section 3: Bursary Request**

* Type of bursary (e.g., partial, full scholarship)

……………………………………………………………………………………………………

**Section 4: Family Background**

* Number of siblings: ……………………………………………………………………………
* Family Income (approximate): …………………………………………………………….….
* Parent’s/Guardians’ occupation: …………………………………………………………….

**Section 5: supporting documents**

* Attach copies of;
* Birth Certificate
* Recent school reports
* Proof of family income, if any (e.g., pay slip, affidavit)
* Two passport size photos
* A full body photo

**Section 6: Declaration**

* I declare that the information provided is true and accurate.
* I understand that the Kalikwani Children’s Foundation may request additional information and I will always respond positively whenever called upon.
* I agree to always attend the sponsors’ meetings whenever called.
* I agree to use the bursary for educational purposes only.

**Signatures:**

* Beneficiary’s Signature: …………………………………………………………………….

Date: ………………………………………………………….……………………………….

Guardian’s Signature: ……………………………………………………………………….

Date: ………………………………………………….……………………………………….

**Section 7: Approval (OFFICIAL USE ONLY)**

* This bursary has been reviewed and approved by the administration of the Kalikwani Children’s Foundation.
* Date: ……………………………………………………………….…………………………
* Admin signature: …………………………………………………………………………...
* Name: …………………………………………………………………………………….….
* Title: ………………………………………………………………………………………….

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