

AFRICAN SCHOLARS' FUND

P O Box 294
Rondebosch
7701
Tel: (021) 689 9094

APPLICATION FORM FOR SECONDARY EDUCATION

PLEASE NOTE:

- (i) Closing date for applications: 15 September.
- (ii) Late applications are not accepted.
- (iii) Faxed applications will not be accepted.
- (iv) Complete the form in BLOCK letters and answer all questions.

VERY IMPORTANT - CRITERIA

Gr7 must obtain an average of 60%, plus 60% in both English and Mathematics
Gr8 – 11 must obtain an average of 50% plus 50% in both English and Mathematics

PLEASE TICK THAT THE FOLLOWING HAVE BEEN INCLUDED WITH YOUR APPLICATION:

- ✓ Your June report
- ✓ Your family's payslips, pension receipts or other proof of income.
- ✓ A letter in your own handwriting, telling us about yourself and your family.
- ✓ An empty envelope addressed to yourself, with a stamp on it (do not seal the envelope).

PERSONAL AND SCHOOL DETAILS (To be completed by the learner)

Surname _____ Date of birth _____

First names _____ Sex:

Male	Female
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Home address _____

_____ Postal code _____ Tel./Cell No. _____

Have we given you a bursary before? _____ If yes, when? _____

Name of your school now _____ Grade _____

School address _____

Name of your school next year _____

School address next year _____

Estimate your school costs for next year:

Books R _____ Other (specify) _____

YOUR SIGNATURE _____ DATE _____

Part 2: FAMILY DETAILS TO BE COMPLETED AND SIGNED BY A SOCIAL WORKER

Guardian's name _____

Relationship of guardian to applicant (e.g. mother/father/grandmother/uncle/aunt etc.) _____

Where are the parents?

(i) Mother _____ (ii) Father _____

FAMILY INCOME (payslip required):

WHO IN YOUR HOME IS WORKING?	RELATIONSHIP TO APPLICANT	TYPE OF WORK	EARNINGS / MONTH
1 _____	_____	_____	R _____
2 _____	_____	_____	R _____
3 _____	_____	_____	R _____
TOTAL monthly income for the family			R _____

DETAILS OF CHILDREN IN THE HOME, THEIR AGES AND WHETHER SCHOOLGOING

Names	Ages	Schoolgoing (Yes or No)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME OF SOCIAL WORKER _____ SIGNATURE _____

TELEPHONE NUMBER _____ DATE _____

OFFICIAL STAMP

Part 3: TO BE COMPLETED BY THE PRINCIPAL

Give details to help us make wise decisions.

Note: OBE assessment is not sufficient for choosing learners for awards, please give us a symbol or %.

Applicant's aggregate or symbol in last exam _____ Date of exam _____

1st Lang (% or symbol) _____ English (% or symbol) _____ Maths (% or symbol) _____

COMMENTS: _____

SCHOOL FEES FOR NEXT YEAR : R _____

PRINCIPAL'S SIGNATURE _____ DATE _____

Symbols

A	>	80
B	>	70
C	>	60
D	>	50
E	>	40
F	>	33

SCHOOL STAMP