

APPLICATION FORM: DE BEERS FINANCIAL STUDY ASSISTANCE SCHEME

Name of Applicant:

Field of Study:

Contact Number:

Please attach certified copies of the following:

- Latest results from school
- ID copy
- Proof of registration/Acceptance letter for tertiary institution
- Proof of residential address
- Proof of household income

Applications will not be processed without above-listed documents attached.

APPLICATION FORM
De Beers Venetia Mine Financial Assistance Scheme

PERSONAL INFORMATION

Name of Applicant				
Surname of Applicant				
ID Number				
Physical Address	House Number and Street Name:			
	Area:			
	Town/City:			
	Code:			
	Municipal Area:	Blouberg:	<input type="checkbox"/>	
		Musina:	<input type="checkbox"/>	
Other:		<input type="checkbox"/>		
Postal Address				
Contact Numbers	Home:			
	Work:			
	Cell:			
	Fax:			

HIGH SCHOOL INFORMATION

Last School Attended	
Year Attended	
School's Contact Number	

TERTIARY INSTITUTION INFORMATION

Name of Tertiary Institution Registered with		
Year of Academic Study		
Qualification Registered For		
Duration of qualification		
Student Number		
Institution Contact Number		
Type of Institution	Private	<input type="checkbox"/>
	Public	<input type="checkbox"/>
Total Cost of Study		
Outstanding Fees		

FAMILY BACKGROUND

Full names of Parent/Guardian			
Parent's/Guardian's Postal Address	Street Number and Name:		
	Area:		
	Town/City:		
	Code:		
Do your parents work for De Beers – Venetia Mine?			
• Yes	<input type="checkbox"/>	Company no.:	Grade BU <input type="checkbox"/> CL <input type="checkbox"/> CU <input type="checkbox"/> DL <input type="checkbox"/> DU <input type="checkbox"/>
• No	<input type="checkbox"/>	Company name:	
Number of household children/dependents below the age of 21			
Number of household children/dependents currently registered with any tertiary institution			
Number of household children/dependents currently receiving student financial assistance from De Beers			
Household source/s of income			
Total monthly household income			

I, _____, the Parent/Guardian, hereby declare that the information included herein is correct in all respects.

SIGNATURE OF APPLICANT

DATE

WITNESS

DATE

FOR OFFICE USE:
Application received by:

PRINT NAME

SIGNATURE

DATE