

THE UNITING PRESBYTERIAN CHURCH IN SOUTHERN AFRICA
BURSARIES COMMITTEE – PRESBYTERIAN EDUCATIONAL FUND

APPLICATION FOR BURSARY FOR 2014

For HIGH SCHOOL STUDY

(GRADE 8 to GRADE 12 / 'O' or 'A' LEVEL ONLY)

DO NOT USE THIS FORM IF YOU APPLYING FOR COLLEGE/UNIVERSITY

CLOSING DATE: 30 SEPTEMBER 2013

NB READ THE INFORMATION SHEET (pages 7, 8) BEFORE you fill in this form

1. SURNAME: AGE: DATE OF BIRTH: yyyy / mm / dd

MALE / FEMALE: I D NUMBER:

FIRST NAMES:

HOME ADDRESS:

.....

POSTAL ADDRESS:

.....

..... CODE:

TEL NO:(Land line) CELL NO:

E-MAIL ADDRESS:

NAME OF UPCSA CONGREGATION WHERE YOU WORSHIP and your **PRESBYTERY:**

Congregation: Presbytery:

HAVE YOU BEEN CONFIRMED?: YES NO .

If you **are 18 years old** and **NOT CONFIRMED** please **EXPLAIN WHY NOT :**

If you **are confirmed** but you **do not have** a Confirmation Certificate, **EXPLAIN WHY NOT :**

.....

.....

YOU MUST ALSO submit a letter from your minister with his/her explanation.

2. NAME of SCHOOL YOU ARE ATTENDING in 2013:

.....

POSTAL ADDRESS OF THE ABOVE SCHOOL:

.....

.....POST CODE:.....

E-MAIL address of school:.....

FAX NUMBER: **TELEPHONE NUMBER:**

WHAT GRADE / FORM ARE YOU IN this year?:.....

3. IF NOT THE SAME AS IN 2.:

NAME OF SCHOOL YOU HOPE TO ATTEND IN 2014:

.....

E-MAIL ADDRESS of this school:

FAX NUMBER:

TELEPHONE NUMBER:

4. a) DID YOU RECEIVE A BURSARY from the Presbyterian Educational Fund in 2013?

YES / NO.

b) DID YOU RECEIVE A BURSARY or ASSISTANCE from any OTHER source in 2013?:

YES / NO

IF YOUR ANSWER to b) IS YES, PLEASE SUPPLY DETAILS:

NAME OF SPONSOR/FUND: AMOUNT RECEIVED:

c) WILL YOU RECEIVE ASSISTANCE FROM THE SPONSOR in b) in 2014?

YES / NO

If not, why not?

d) Have you applied / Will you still apply to ANY OTHER FUND (NOT PEF) FOR HELP IN 2014?:

YES / NO

IF YES, PLEASE GIVE DETAILS:

.....
.....

IF NO, PLEASE EXPLAIN WHY NOT:

.....
.....

5. WHAT ARE THE EXPECTED SCHOOL FEES FOR 2014?:

Please CIRCLE your **CURRENCY**: FEES to be PAID in S A Rands / US \$ / Zambian K

(i) TUITION ONLY:

a) NUMBER OF TERMS: _____ Fees per TERM: AMOUNT: _____

OR

b) NUMBER OF MONTHS: _____ Fees per MONTH: AMOUNT: _____

IF YOU WILL BE IN HOSTEL / BOARDING, EXPLAIN WHY THIS IS NECESSARY:

.....
.....

(ii) HOSTEL / BOARDING:

a) Fees paid per TERM: AMOUNT: _____ NUMBER OF TERMS: _____

OR b) Fees paid per MONTH: AMOUNT: _____ NUMBER OF MONTHS: _____

PLEASE INDICATE by circling: SCHOOL HOSTEL OR PRIVATE BOARDING ?

THIS PAGE TO BE FILLED IN BY PARENT / GRANDPARENT / GUARDIAN:

**COMPULSORY: IF THIS QUESTION IS NOT ANSWERED
THE PEF WILL NOT CONSIDER THE APPLICATION.**

7. HOW MUCH WILL YOU and/or the FAMILY PAY TOWARDS APPLICANT'S FEES? :

AMOUNT YOU WILL PAY:..... Rands / US\$ / Zambian K
(indicate currency)

**8. THE PEF MAY PAY as little as 10% of the tuition FEES:
EXPLAIN HOW YOU WILL MEET THE BALANCE OUTSTANDING:**

.....
.....
.....

**9. NUMBER of ADULTS who are working or who receive income (eg pension)
and who will assist with payment of fees :.....
(working means employed OR self-employed (eg vending), whether Full Time, Part Time or casual)**

**10. NUMBER of SIBLINGS at SCHOOL/COLLEGE/UNIVERSITY:.....
PLEASE SUPPLY DETAILS: (DO NOT include applicant or children you do not pay fees for)**

<u>NAME</u>	<u>AGE</u>	<u>SCHOOL (Grade/Form) OR COLLEGE/UNIVERSITY(Year) and QUALIFICATION</u>
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**11. NAME of GRAND-/ PARENT(S) /GUARDIAN: STATE your RELATIONSHIP to APPLICANT:
(i.e.MOTHER / FATHER/ GRANDMOTHER/G'FATHER/GUARDIAN)**

e.g .Martha Ncube.....	...Grandmother.....
.....
.....
.....

**12. NAMES of FAMILY MEMBERS with INCOME OCCUPATION NAME OF EMPLOYER *:
who will assist with payment of fees SOURCE OF INCOME (*company name / private individual)**

1
2
3
4

(Proof of income must be supplied by way of copy of latest payslip, Pension / Grants income receipts or if in the informal sector: a letter of confirmation from minister/Interim Moderator or an affidavit, stating the amount of money you earn / receive on average per month. NB - see Information sheet.)

13. PERSON responsible for payment of fees (PARENT/ GRANDPARENT/ GUARDIAN):

NAME Telephone No.(Landline) Cell Number E-mail address

.....
SIGNATURE: DATE yyyy / mm / dd

ARE YOU A MEMBER IN FULL STANDING OF THE UPCSA? YES / NO

TO BE FILLED IN BY MINISTER, INTERIM MODERATOR

or SESSION CLERK:

(Session Clerk only in the absence of the Minister or if Interim Moderator is not available, please)

N.B. NOT TO BE FILLED IN BY APPLICANT!

FULL FIRST NAME(S)

SURNAME

14. MINISTER :

or INTERIM MODERATOR :

or SESSION CLERK

TELEPHONE NUMBER(S): Landline: Cell:

E-MAIL ADDRESS (of person signing this page):

FULL ADDRESS OF CONGREGATION:

STREET ADDRESS:

POSTAL:

.....
.....
.....
.....CODE

E-MAIL ADDRESS (of congregation):

RUBBER STAMP OF CONGREGATION:

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Minister's remarks:.....
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.....

I certify that the **applicant (if over 18 years of age) and/or Responsible Adult** (Parent/Guardian) is known to me and is a **full communicant member of my congregation** and that, as far as I know, the information provided is correct.

SIGNATURE:

DATE: yyyy / mm / dd