



NEC TAMEN CONSUMEBATUR

THE UNITING PRESBYTERIAN CHURCH IN SOUTHERN AFRICA  
PRESBYTERIAN EDUCATIONAL FUND

**APPLICATION FOR BURSARY FOR  
HIGH SCHOOL STUDY in 2017**

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

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

**CLOSING DATE: 30 SEPTEMBER 2016**

**NB: BEFORE** you fill in this form **READ** THE **PEF INFORMATION SHEET CAREFULLY**

**NAME of PRESBYTERY:** .....

**NAME of UPCSA CONGREGATION:** .....

**I DETAILS of APPLICANT:**

**1. SURNAME:** ..... **AGE:** ..... **DATE OF BIRTH:** YYYY / MM / DD

**MALE / FEMALE:** ..... **ID NUMBER:** .....

**FIRST NAMES:** ..... **KNOWN AS:** .....

**HOME ADDRESS:** .....  
.....

**POSTAL ADDRESS:** .....  
.....  
..... **CODE:** .....

**TEL NO:** .....(Land line) **CELL NO:** .....

**E-MAIL ADDRESS:** .....

**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.**

**TO BE COMPLETED BY APPLICANT (PERSON WHOSE NAME IS ON PAGE 1).**  
**COMPLETE 2a) or 2b) or 2c). If you are in Primary School in 2016, Question 3 does not apply to you.**

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

**2a) IF YOU ARE in GRADE 7 in 2016:**

ANSWER the following:

i) What is the name of your Primary School: .....  
Telephone number of Primary School: .....

ii) Have you been accepted at the High School of your choice for 2017?  YES /  NO

If YES, please enter

NAME of SCHOOL you will attend in 2017:

.....

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

FAX NUMBER: ..... TELEPHONE NUMBER: .....

If NO, please submit details of your new school as soon as you have them.

**2b) IF YOU ARE already in High School (i.e.in GRADE 8, 9, 10 or 11) in 2016:**

ANSWER the following:

i) NAME of SCHOOL you are attending in 2016:

.....

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

FAX NUMBER: ..... TELEPHONE NUMBER: .....

ii) IF you will be changing your school next year:

NAME of SCHOOL you will attend in 2017:

.....

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

FAX NUMBER: ..... TELEPHONE NUMBER: .....

**2c) IF YOU ARE IN GRADE 12 (or your last year at school) in 2016, then you should not complete this form. You must complete the APPLICATION FORM FOR COLLEGE/UNIVERSITY STUDY**

3. a) DID YOU RECEIVE A BURSARY from the Presbyterian Educational Fund in 2016?  YES /  NO

b) DID YOU RECEIVE A BURSARY or ASSISTANCE from any **OTHER** source in 2016?  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 2017?  YES /  NO

If not, why not? .....

d) Have you applied / Will you still apply to **ANOTHER FUND (NOT PEF)** FOR HELP IN 2017?  YES /  NO

**IF YES**, PLEASE GIVE DETAILS:

.....

**IF NO**, PLEASE EXPLAIN WHY NOT: .....

.....



**III FAMILY DETAILS:**

**THIS SECTION TO BE COMPLETED BY THE PERSON RESPONSIBLE FOR PAYING FEES:**

<u>NAMES of ADULT MEMBERS OF FAMILY:</u>	<u>RELATIONSHIP of adult member TO APPLICANT:</u>	<u>WORKING/NOT WORKING:</u>
1.....	.....	.....
2.....	.....	.....
3.....	.....	.....
4.....	.....	.....

**The following question is COMPULSORY:**

SOME PAYMENT BY THE FAMILY IS COMPULSORY IF YOU WISH TO RECEIVE PEF ASSISTANCE. IF THIS QUESTION IS NOT ANSWERED, THE PEF WILL NOT CONSIDER THE APPLICATION.

**1. HOW MUCH WILL YOU and/or your FAMILY PAY TOWARDS APPLICANT’S FEES? :**

**AMOUNT YOU and the FAMILY WILL PAY:**..... 

Rands / US\$ / Zambian K
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(indicate currency)

**2. THE PEF MAY PAY AS LITTLE AS 10% of the tuition fees:**

**HOW WILL YOU MEET THE BALANCE OUTSTANDING?:**

- 1) APPLY FOR REDUCTION IN FEES?
- 2) TRY TO FIND ANOTHER SPONSOR, BURSARY?
- 3) SEEK ASSISTANCE FROM CONGREGATION / FAMILY/ FRIENDS?

**3. NUMBER OF ADULTS who are working/receive income (eg pension) who will HELP pay fees: \_\_\_\_\_**  
(‘working’ means employed OR self-employed (eg vending) whether FULL TIME, PART TIME or CASUAL)

<u>FAMILY MEMBERS with INCOME who will assist with payment of fees</u>	<u>OCCUPATION / SOURCE OF INCOME</u>	<u>NAME OF EMPLOYER *:</u> (*company name / private individual)
1 .....	.....	.....
2 .....	.....	.....
3 .....	.....	.....
4 .....	.....	.....

**(Proof of income must be supplied by way of a 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 for ALL FAMILY MEMBERS LISTED HERE. SEE Information sheet.)**

**4. NUMBER of SIBLINGS LIVING WITH YOU for whom you pay SCHOOL/COLLEGE/UNIV FEES:.....**  
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 COLL/UNIV (Year) and QUALIFICATION</u>	<u>SIBLING’S RELATIONSHIP TO APPLICANT(name on p1)</u>
1 .....	.....	.....	.....
2 .....	.....	.....	.....
3 .....	.....	.....	.....
4 .....	.....	.....	.....
5 .....	.....	.....	.....

**III FAMILY DETAILS (cont.)**

If any of the above siblings is a cousin / not a member of the immediate family, please explain why you are responsible for his/her fees.

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

If any of the above siblings is receiving a bursary or financial aid, please give details:

NAME & SURNAME                      FINANCIAL AID / BURSARY RECEIVED                      AMOUNT EXPECTED

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

NAME and SURNAME of

ADULT RESPONSIBLE FOR FEES:

RELATIONSHIP TO APPLICANT

(e.g. AUNT/ UNCLE/ MOTHER/ FATHER/ GUARDIAN):

.....

IF A SINGLE MOTHER, PLEASE EXPLAIN WHY FATHER IS NOT ASSISTING                      **OR**  
IF YOU ARE NOT THE PARENT OF THE APPLICANT, PLEASE EXPLAIN WHY YOU ARE PAYING  
AND NOT PARENT(S):

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

(IF PARENT(S) IS (ARE) DECEASED, PLEASE SUBMIT COPY/COPIES OF DEATH CERTIFICATE(S).)

SIGNATURE of PARENT/G'PARENT/GUARDIAN:.....

DATE: YYYY / MM / DD

Telephone No.(Landline)

Cell Number

E-mail address

.....

**ARE YOU A MEMBER IN FULL STANDING OF THE UPCSA?**

YES /  NO

(Minister to confirm this in his/her comments)

IF NOT A MEMBER OF UPCSA, please give details of church affiliation:

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

**IV TO BE FILLED IN BY MINISTER, INTERIM MODERATOR  
or SESSION CLERK:**

(Session Clerk to sign only in the absence of the Minister OR if Interim Moderator is not available.  
Ministers/Session Clerks: do not sign for your own dependants, please.  
Ministers: Full emoluments are required, not just stipend. Thank you.)

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

FULL FIRST NAME(S) SURNAME

**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:

.RUBBER STAMP.  
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REMARKS:.....  
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.....  
.....  
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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