

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