

Evangelical Lutheran Church in Southern Africa Cape Orange Diocese

BURSARY FUND

APPLICATION FORM

High School

Tertiary Education

Vocational Training

PERSONAL INFORMATION

Surname of Applicant :

First name of Applicant :

ID. Nr of Applicant :

Date of Birth :

Postal Address :

Residential Address :

Telephone/ Cell phone :

Email info: :

INFORMATION OF INSTITUTION/ COURSE

Name and address of Institution:

Registration number of student:

Bank details of Institution:

Level of Grade / Course:

Duration of Studies:

STUDIES:

Give a brief description of your studies

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.....
.....

Why do you feel you should be assisted by way of a bursary?

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.....

.....
Signature of Applicant

.....
Signature of Parent/ Guardian

CHURCH ENDORSEMENT

Name of Parish:

Comments by Local Pastor:

According to your knowledge is the above information correct: yes no:

Kindly add any information/ comments which you considered appropriate in support of applicant:

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.....

Name of Pastor:

Signature:

Place:

Date:

OFFICIAL STAMP OF PARISH

For office use only

Accept:

Allocation number:.....

Regret:

Allocated Amount:

Authorized:

Approved: