



Bursary Application

Bursaries, are not cumulative. The single largest reduction will apply.

A Minimum Annual Fee of R5500 will be applicable to all successful applicants.

School Date

Application for year: Grade:

Present School:

% Reduction: Reason for Request:

Pupil Information

First Names Birthdate

Surname Gender

Nationality Years Schooling in SA

Major Subjects	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Marks	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Achievements	Year	Description

Relevant Documentation Attached yes/no

Parent / Guardian Information

Surname: <input type="text"/>	Title <input type="text"/>	Initials <input type="text"/>
Identity Number: <input type="text"/>	ID Document type <input type="text"/>	
Relationship to Student: <input type="text"/>	Fax / E-Mail <input type="text"/>	
Telephone Home: <input type="text"/>	Cell <input type="text"/>	
Postal Address <input type="text"/>	Employer <input type="text"/>	
Code <input type="text"/>	Occupation <input type="text"/>	
Information Certified Correct: Date <input type="text"/>	Bus Tel <input type="text"/>	
	Signature <input type="text"/>	

NB : Should your application be successful you will need to complete the attached agreement

Official Use Only

Comment and Recommendation of Principal

Result of Application

Date <input type="text"/>	Date <input type="text"/>	Date <input type="text"/>
Principal <input type="text"/>	Director <input type="text"/>	Director <input type="text"/>



Confidential Statement of Financial Circumstance supporting Financial Assistance Request

Pupil Name

Parent / Legal Guardian

Permanent Residential Address

Postal Code

Financial Information

Please complete the table below with respect to all sources of expected income for the period for which the assistance is requested.

	Father/Legal Guardian	Mother/Legal Guardian
Gross Annual Salary	<input type="text"/>	<input type="text"/>
Investment Income Dividends, Rent, Other	<input type="text"/>	<input type="text"/>
Maintenance	<input type="text"/>	<input type="text"/>
Other Income	<input type="text"/>	<input type="text"/>
Total Annual Income	<input type="text"/>	<input type="text"/>
Benefits:- Company Car, Housing etc	<input type="text"/>	<input type="text"/>
Tax Paid	<input type="text"/>	<input type="text"/>
Net Annual Income	<input type="text"/>	<input type="text"/>

Own Business

Bank Details

- Please include a copy of your latest Income Tax Assessment.*
- If divorced please attach a copy of the Court Order concerning custody and maintenance.*
- If Self Employed state name and nature of business and details of the business bankers.*

Assets and Liabilities

Please complete the Personal Balance Sheet including combined details of both partners.

<u>Assets</u>		<u>Liabilities</u>	
Fixed Property at Market Value	<input type="text"/>	Mortgages	<input type="text"/>
Investments	<input type="text"/>	Overdraft	<input type="text"/>
Shares at Market Value	<input type="text"/>	Hire Purchase	<input type="text"/>
Motor Vehicles Value less Owing	<input type="text"/>	Other	<input type="text"/>
Other	<input type="text"/>		

Name and Address of Personal Bankers



Bursary Agreement

Pupil Name (Please print your full name)

Parent/Legal Guardian Name (Please print your full name)

I Certify that:

- | | | |
|---|--------|-----------------|
| 1 The Information submitted on page 1 of this document is correct | yes/no | |
| 2 The Information submitted on page 2 of this document is correct | | (if applicable) |

I agree to the following terms and conditions should my application be successful. Conditions 1 - 4 below apply to the Initial Period Agreement and to all Extensions thereof.

- 1 The agreement is valid for a maximum of 1 Academic Year and thereafter may be extended by mutual agreement of both parties on a yearly basis.
- 2 Should there be any material change in the criteria upon which this application is based, the Principal will be informed immediately.
- 3 Should any change in criteria referred to in 2 above not be reported immediately to the Principal, the agreement may be terminated on 30 days' notice by BFS Education and Development Fund.
- 4 I shall be personally responsible for all moneys owing to the school (Bahia Formosa) and failure to pay all amounts when due may result in the Agreement being cancelled on 30 days notice by BFS Education and Development Fund.

Financial Assistance of any nature applies only at the Bahia Formosa School.

	Academic Year	Bursary Type	% Reduction	Signature (Principal) on behalf of BFS Education Fund	Signature of Parent / Legal Guardian	Date
Initial Period						

Signed atthis.....day of,

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Signature of Parent / Legal Guardian

Signature of Principal

Signature of Witness

	Academic Year	Discount Type	% Reduction	Signature (Principal) on behalf of BFS Education Fund	Signature of Parent / Legal Guardian	Date
Extension 1						
Extension 2						
Extension 3						
Extension 4						



BAHIA FORMOSA SCHOOL
"A HOLISTIC EDUCATION FOR ALL"

BAHIA FORMOSA SCHOOL NPC

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SUPPORTING DOCUMENTS FOR A BURSARY APPLICATION

- Certified ID copies of both parents
- 3 months Bank stamped statement
- Recent Payslip of both parents
- Proof of address or utility bill
- Sworn Affidavit if unemployed
- Letter of motivation from Parents
- Letter of motivation from a child