



BURSARY APPLICATION

Please Note:

- ❖ This form is to be completed by the parent or legal guardian of the pupil. All particulars must be given in full.
- ❖ Bursaries are only considered in respect of school fees, not levies.
- ❖ A bursary is valid only for one year, and subject to annual review thereafter, provided that:
 - (a) Performance of a more than satisfactory nature is achieved
 - (b) Financial need can be proven
- ❖ The application will be treated in the strictest confidence. A Bursary Committee will review your application.
- ❖ It is the responsibility of the parents to provide proof of their annual income.
- ❖ Any breach of the School's Code of Conduct will be dealt with separately from the School, but in addition to the School's handling of the situation, and may result in the removal of the bursary.
- ❖ The academic performance of the child should be of, at least, a satisfactory standard and, more importantly, the child should be seen to be making an effort in her work and be contributing to the school through participation.
- ❖ Should a student receive financial assistance but choose to leave Kingsmead College in lieu of another school before the end of her Senior Year, this financial assistance must be refunded to Kingsmead at a pro rata rate.

1. Student Information

	1st child	2nd child	3rd child
Surname			
Initials			
First Names			
Birth Date (dd/mm/yy)			
Present Grade			

2. Guardian Information

Detail		Father / Principal Guardian	Mother / Secondary Guardian
Title			
Surname			
First name			
Initials			
Identity or Passport Number			
Relationship to the Child			
Postal Address	Box / Street		
	Town		
	Country / Province		
	Code		
Residential Address			
Home Telephone			
Cell Number			
E-Mail Address			
Employer			
Work Telephone			
Fax			
Position at Work			

Particulars of dependant children in other schools:

Name	Date of Birth	Name of Institution	Grade

Particulars of dependants at tertiary institutions:

Name	Date of Birth	Name of Institution	Year of Study

Particulars of dependants, irrespective of age or marital status, who are incapable of supporting themselves owing to a physical or mental disability and who are wholly or partly dependant on you:

Name	Date of Birth	Reason for Dependency

Details	Name and Address of Employer	Phone Number of Employer	Nature of Work	Nature of amount or benefit received	Average Gross Monthly Income	Average Net Monthly Income
You					R	R
Spouse					R	R
Total					R	R

- (b) Annual income from own business, trade, profession or farming. Please attach appropriate financial statements as proof of income.

Details	Nature of Business	Registered Trade Name of Business	Average Gross Monthly Income	Average Net Monthly Income
You			R	R
Spouse			R	R
Total			R	R

- (c) Other income e.g. education allowance, maintenance if divorced: disability allowance; old age or other pension; rent from property and interest from investments, etc)

Details	Received from	Received by way of (eg education allowance, interest, rent , etc)	Average Gross Monthly Income	Average Net Monthly Income
You			R	R
Spouse			R	R
Total			R	R

TOTAL INCOME FROM ALL SOURCES	R
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- (d) Please state the annual amount you will be able to contribute for each child towards school fees:

First Child R.....

Second Child R

(e) STATEMENT OF MONTHLY HOUSEHOLD BUDGET

Amount/installments

1. Rental/Board installment	R _____
2. Water, electricity and assessment rates	R _____
3. Vehicle (Balance R _____) Lease/HP Installment	R _____
4. Vehicle Running Expenses	R _____
5. Groceries and provisions	R _____
6. Clothes: Account(s)	R _____
7. Credit Cards	R _____
8. Furniture	R _____
9. Chemist (regular medication)	R _____
10. School fees	R _____
11. Extramural activities (children)	R _____
12. Donations	R _____
13. Telephone	R _____
ANY OTHER EXPENSES	
14. _____	R _____
15. _____	R _____
16. _____	R _____
17. _____	R _____
TOTAL EXPENSES	R _____

5. Declaration Of Good Faith

We hereby declare that we are not in a position to fully provide for the educational needs of the child(ren) mentioned above, without assistance. In making this request, we have not withheld any information concerning our circumstances and all information furnished in this application form is correct. We agree that, should it, at any stage, be ascertained that the information provided by us is inaccurate, the financial assistance which may have been granted, will be cancelled and the amount which has already been paid out, will be recovered from us.

We undertake to advise the Bursary Committee timeously of any changes to our circumstances, which would have a bearing on their assessment of our eligibility for a bursary.

Date: _____ 20 _____

SIGNATURES:

Applicant: _____

Spouse: _____