



BURSARY APPLICATION

Confidential Return By Parent/Guardian:

Name of Person responsible for payment of account		
Complete only if the details are different from those specified above.	Postal Address	
	Telephone Numbers	
	E-Mail Address	

- (a) Income of guardians by way of salaries, bonuses, wages, directors' earnings, pensions etc. **Please attach supporting documentation (salary advice etc)**. Divide annual amounts (e.g. bonuses) by 12 to get average monthly income.

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
--------------------------------------	---

(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 _____