

**CONFIDENTIAL**

**ROTARY CLUB  
KNYSNA**



**APPLICATION FOR FINANCIAL ASSISTANCE FOR TERTIARY EDUCATION ( Not a full bursary)**

**Important Information**

- 1. Assistance available to KNYSNA RESIDENTS ONLY**
- 2. Assistance only for undergraduate studies - no post graduate applicants will be considered**
- 3. Application form to be fully completed. If not fully completed application will not be considered**
- 4. Photocopy of applicants Identity Document to be attached to the application**
- 5. Passport photo of applicant to be attached in space provided**
- 6. Sections 1+2 to be completed by applicant in own handwriting.  
Section 3 to be completed by parent or guardian**

NAME OF APPLICANT	
WHAT DO YOU PLAN TO STUDY	

New application

Re-application

attach photo here

A large empty rectangular box intended for the applicant to attach their passport photo.

**RETURN APPLICATION TO:**

The Secretary  
Education Committee  
P.O.Box 354  
Knysna  
6570

<b>CLOSING DATE</b>	<b>16 November 2018</b>
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**TERTIARY EDUCATION** (Complete if at present attending a University/College)

STUDY COURSE	UNIVERSITY/COLLEGE		TOWN
MAJOR SUBJECTS	Marks %		<p><b>Note: New applications</b> Attach a copy of your latest academic results</p> <p><b>Note: Re-applications</b> Attach a copy of your half year results</p>
	2017	2018(mid year)	

**PROPOSED FIELD OF STUDY**

STUDY COURSE	UNIVERSITY/COLLEGE					
DURATION OF COURSE IN YEARS	1	2	3	4	5	Mark correct block with X
INTENDED YEAR OF STUDY <b>NEXT YEAR</b>	1	2	3	4	5	Mark correct block with X
MAJOR SUBJECTS						

**EXPECTED COSTS PER YEAR**

	1	2	3	4	5
ACADEMIC FEES					
RESIDENCE FEES					

**OTHER FINANCIAL ASSISTANCE**

HAVE YOU APPLIED FOR ANY OTHER FINANCIAL ASSISTANCE?			YES	NO
WAS THE APPLICATION SUCCESSFUL?	YES	NO		
NAME OF ORGANIZATION APPLIED TO	AMOUNT	TERMS OF REPAYMENT		

I hereby certify that I have completed the form myself and that all information is correct

DATE: ..... APPLICANT'S SIGNATURE: .....

<b>SECTION 3:</b>	<b>PARTICULARS OF PARENTS / GUARDIAN</b>	(Sect.3 to be completed by parent or guardian)
FULL NAME		
HOME ADDRESS		
TELEPHONE: HOME	WORK	CELL
E-MAIL		
RELATIONSHIP TO APPLICANT	NATIONALITY	
OCCUPATION: FATHER	MOTHER	GUARDIAN
NAME AND ADDRESS OF PRESENT EMPLOYER:	Father	
NAME AND ADDRESS OF PRESENT EMPLOYER:	Mother	
NAME AND ADDRESS OF PRESENT EMPLOYER:	Guardian	

