

APPLICATION FOR HIGH SCHOOL SCHOLARSHIP

First/middle name(s)

Preferred name -



EDUCATIONAL INFORMATION

) U R P

MEDICAL INFORMATION

'RHV WKH DSSOLFDQW HQMR\ JRRG KHDOWK"

Yes No

,I 12 SOHDVH SURYLGH GHWDLOV

'RHV WKH DSSOLFDQW KDYH DQ\ SK\VLFDQ GLVDELQWLHV RU GLIöFXOV
HWF "

Yes No

,I <(6 SOHDVH SURYLGH GHWDLOV LQFOXGLQJ FRQGLWLRQV RI XVDJH

'RHWKH DSSOLFDQW KDYH DQ\ VSHFLDO PHGLFDO FRQGLWLRQV H J HS

Yes No

,I <(6 SOHDVH SURYLGH GHWDLOV LQFOXGLQJ PHGLFDWLRQ QHHGHG I

'RHV WKH DSSOLFDQW KDYH DQ\ ~~DOO PHGLFDWLRQV~~ IR

Yes No

,I <(6 SOHDVH SURYLGH GHWDLOV LQFOXGLQJ UHDFWLRQV DQG PHGLF

'RHV WKH DSSOLFDQW WDNH DQ\ ~~DOO PHGLFDWLRQV~~ "DGLKDOHU"

Yes No

,I <(6 SOHDVH SURYLGH GHWDLOV LQFOXGLQJ QDPH RI PHGLFDWLRQ
DOO PHGLFDWLRQV PXVW EH OHIW DW WKH RIöFH ZLWK ZULWWHQ LQVW

'RHV WKH DSSOLFDQW UHFHLYH ~~WDLWPHUJLWDIURDQS~~ PHÖRORJLFDO FR

Yes No

,I <(6 SOHDVH SURYLGH GHWDLOV

,V WKHUH DQ\ RWKHU LPSRUWDQW ~~WDLWPHUJLWDIURDQS~~ DSSOLFDQ

Yes No

,I <(6 SOHDVH SURYLGH GHWDLOV

3OHDVH OLVW DOO FKLOGKRRG GLVHDVHV WKH DSSOLFDQW KDV KDG

MEDICAL CONTACT

Family doctor 7HO

Address

Medical scheme 0HPEHUVKLS 1R

0DLQ PHPEHUØV QDPH

Please include an updated copy of the applicant's immunization record ZLWK WKLV DSSOLFDW

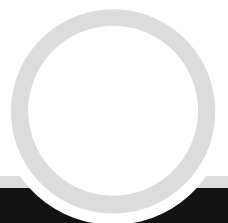
PLEASE NOTE; W LV DGYLVHG WKDW DOO \$, 6&7 VWXGHQWV KDYH XS WR GDWH L
(3, 6FKHGHOH IRU 6RXWK \$IULFD 7KH FXUUHQW VFKHGHOH FDQ EH IRXO



FINANCIAL INFORMATION

Please complete the tables below and submit all proof of income as separate documents or pdf attach-
P H Q W V The information required must be provided in full before the application can be considered.

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WRITTEN TASKS

The application is incomplete without the responses to each of these tasks. Type your answers in a font

WKDW LV OHJLEOH DQG QR VPDOOHU WKDQ SRLQW DQG GRXEHOH VSDF
OLQHG SDSHU DQG PXVW EH QHDW DQG OHJLEOH <RXU ZRUN VKRXOG EH

