



**MAMA
ZANDILE GUMEDE
FOUNDATION**

Investment In Humanity

FINANCIAL ASSISTANCE APPLICATION FORM

SECTION A - PERSONAL DETAILS OF APPLICANT

1. Surname: _____

2. First names: _____

3. Date of birth: _____

4. Place of residence: _____

5. Identity No.: _____

6. SA Citizenship: Yes No

7. Gender: Male Female

8. Race: African Indian Coloured White

9. Do have a disability: Yes No

If YES, describe the nature of disability: _____

10. Residential address with postal code: _____

Code: _____

11. Postal address with postal code: _____

Code: _____

12. Contact telephone numbers including dialing codes : _____

Home Cellular: _____ Parent/Guardian : _____

Other Contacts: _____ Email address: _____

14. Have you ever been found guilty of a criminal offence? Yes No

If yes, please specify the nature and date of offence: _____

SECTION B - HIGH SCHOOL ATTENDED

1. Name of school: _____

2. School address: _____

Code: _____

3. Local Municipality: _____ Town/Village: _____

4. Grade: Currently in Grade 12 Completed Grade 12

5. Years attended From: _____ To: _____

6. Subjects (List them below)

Subject	Grade	Symbol	Symbol Percentage

NB: Attach proof of the latest results.

SECTION C - INTENDED STUDY FOR THE NEW ACADEMIC YEAR

1. Name of qualification: _____

2. Name of Institution : _____

3. Field/Area of study: _____

4. Period of Study in years: _____

5. Are you receiving any other bursary or loan? Yes No

If YES, describe below the nature of financial assistance and any obligations involved and provide the name of the institution that granted the bursary/ loan assistance: _____

SECTION D – DETAILS ABOUT PARENT(S) / GUARDIAN(S) / NEXT OF KIN

1. Surname: _____

2. First names: _____

3. Identity No.: _____

4. Relationship: Mother Father Other , Specify: _____

5. Residential address with postal code : _____

Code: _____

6. Postal address with postal code : _____

Code: _____

7. Contact telephone numbers including dialing codes : _____

Home Cellular: _____ Work: _____ Other: _____

Email address: _____

SECTION E - DETAILS OF FAMILY

Please list those who are dependent on the family's income (stated below) start with yourself, followed by your spouse (if any) and then any other dependants.

Note:

If the person received income from more than one source, please list them all. If the income is from wages or a salary, please submit a copy of the latest pay slip with this application. If the income is from the profit of a business, please submit a copy of the official financial statement of the business submitted to the tax authorities last year. If the income is from child support as a result of a divorce, please supply a copy of the relevant sections of the divorce documents.

Name	Age	How is this person related to you (e.g. wife, son)	Please state: Employed, Scholar, Student, unemployed etc	If not employed state how income is derived / family is supported (Attach proof of retrenchment/ unemployment, etc.)	Source of income i.e. Wages? Salary? Pension? Child support? Interest on investments? Business profit?	How much does the person receives from this Source each month? Proof of all income must be Supplied. (See the note at the foot of this page.)

Note 1:

- If you are married, widowed or divorced, or
- If you have supported yourself for more than 3 years, or
- Both your parents are deceased, then please complete section E as the head of the household.

Note 2:

- Please attach Identity documents, pay slips or business statements of each of the members listed above.
- If a member is unemployed and has no source of income, affidavit must be attached to attest such.

SECTION F - DECLARATION

1. I hereby, declare that **ALL** the information provided in this application form is complete and correct.
2. I hereby, acknowledge that if **ANY** of the information provided in this application form is found to be incomplete and/or incorrect, my application will be disqualified.

3. Signature of

3.1 APPLICANT: _____ **Name:** _____

3.2 Date: _____

4. Signature of

4.1 PARENT / LEGAL GUARDIAN: _____ **Name:** _____

4.2 Date: _____