

INCOME

Income Name	Amount
TOTAL INCOME:	

Expenses

Expense Name	Amount
TOTAL Expenses:	

Declaration:

In submitting this application, I confirm that the information I have provided is factually correct. I understand that a false or dishonest declaration will result in my application being disregarded or if the bursary has been paid on my behalf, this can be withdrawn, and I will be disqualified from future applications.

Signature of Applicant

Date

Signature of Parent/Guardian

Date