SCHOLARSHIP APPLICATION



Category applied for: (Tick the appropriate box)

ACADEMIC	SPORT		ALL-ROUND			
Full Name of Applicant	Full Name of Applicant					
Date of Birth:						
Present School:						
Name of Parent/Guardian:						
Home Address:						
Home Tel No:		Bus. Tel N	O:		Cell:	
Achievements motivat	ting application	for scholar	ship:			
Signature of Parent/Gu	ardian:				Date:	