



ASSEMBLIES OF GOD

BUSHBUCKRIDGE STUDY LOAN

APPLICATION FORM

CLOSING DATE:

This application form should be completed by learners who are in or have completed Grade 12 or students in tertiary institutions who come from needy and deserving families. Applicant should originally reside within **Bushbuckridge** and a **Born again** child of God.

PLEASE WRITE CLEARLY AND NEATLY

STUDY LOAN APPLICATION FORM														
STUDY LOAN APPLICATION FOR WHICH ACADEMIC YEAR:														
PART A: PERSONAL DETAILS OF APPLICANT														
SURNAME														
FULL NAMES														
DATE OF BIRTH														
ID NUMBER														
RESIDENTIAL ADDRESS	POSTAL ADDRESS													
TELEPHONE NUMBER														
CELLPHONE NUMBER														
EMAIL ADDRESS														
MARITAL STATUS														

ATTACH CERTIFIED COPY OF IDENTITY DOCUMENT

PART B: DETAILS OF PARENTS OR GUARDIAN															
SURNAME															
FULL NAMES															
ID NUMBER															
RELATIONSHIP															
RESIDENTIAL ADDRESS								POSTAL ADDRESS							
HOME TELEPHONE NUMBER															
WORK TELEPHONE NUMBER															
CELLPHONE NUMBER															
OCCUPATION															
GROSS MONTHLY INCOME															
GROSS MONTHLY INCOME OF SPOUSE															

NAMES OF OTHER DEPENDANTS	AGE	CURRENT ACTIVITY	RELATIONSHIP

ATTACH CERTIFIED COPIES OF IDENTITY DOCUMENTS & PAYSLEIPS

PART C: DETAILS OF HIGH SCHOOL ATTENDED														
NAME														
RESIDENTIAL/POSTAL ADDRESS														

MATRICULATION (GRADE 12) SUBJECTS	MARKS (SYMBOLS) OBTAINED- INDICATE HIGHER OR STANDARD GRADE

RECOMMENDATION BY THE PRINCIPAL (OPTIONAL)	
<p>.....</p> <p>SIGNATURE</p> <p>OFFICIAL STAMP</p>	<p>.....</p> <p>DATE</p>

ATTACH CERTIFIED COPIES OF LATEST AVAILABLE RESULTS

PART D: DETAILS OF INTENDED OR CURRENT TERTIARY STUDIES															
1 ST CHOICE															
2 ND CHOICE															
1 ST CHOICE OF INSTITUTION															
2 ND CHOICE OF INSTITUTION															
RESIDENTIAL/POSTAL ADDRESS															

LEVEL															
STUDENT NUMBER															

RECOMMENDATION BY THE HEAD OF INSTITUTION OR STUDENT AFFAIRS	
..... SIGNATURE DATE
OFFICIAL STAMP	

ATTACH CERTIFIED COPIES OF LATEST AVAILABLE RESULTS IF ALREADY REGISTERED

PART E: RECOMMENDATION BY THE LOCAL CHURCH

LOCAL																
DISTRICT																
REGION																
RESIDENTIAL/POSTAL ADDRESS																

TELEPHONE NUMBER															
------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RECOMMENDATION BY LOCAL ASSEMBLY (<i>attach separate recommendation letter confirming the need of applicant</i>)

.....
SIGNATURE (PASTOR)

.....
DATE

.....
SIGNATURE (CHURCH SECRETARY)

.....
DATE

YOUTH LEADERSHIP

.....
SIGNATURE(YOUTH CHAIRPERSON)

.....
DATE

OFFICIAL STAMP

PART F: DECLARATIONS

DECLARATION BY THE PARENT OR GUARDIAN IF APPLICANT IS UNDER 21 YEARS:

I Hereby declare that I am the parent or guardian of the applicant and that the information mentioned above is to the best of my knowledge true and correct, and that no additional information which might affect the decision of the BBR youth regional committee in granting or not granting the financial assistant sought has been willfully withheld.

.....
SIGNATURE

.....
DATE

DECLARATION BY THE APPLICANT

I Hereby declare that I am the applicant and that the information mentioned above is to the best of my knowledge true and correct, and that no additional information which might affect the decision of the regional committee in granting or not granting the financial assistance sought has been willfully withheld.

I further declare that I have submitted this information knowing that, if I intentionally stated anything in it which I know to be false and misleading or which I do not believe to be true, I may be declared ineligible for financial assistant and any amounts paid on my behalf based on the false information may be recovered from me.

.....
SIGNATURE

.....
DATE

THIS AFFIDAVIT WAS SWORN TO AND SIGNED BEFORE ME AT
ON BY THE DEONENTS WHO ACKNOWLEDGED THAT THEY
UNDERSTAND THE CONTENT THEREOF AND HAVE NO OBJECTION TO TAKING THE PRESCRIBED OATH
WHICH IS BINDING ON THEIR CONSCIENCE.

.....
COMMISSIONER OF OATHS