



EAGLES RISING LEADERSHIP ACADEMY  
FINANCIAL ASSISTANCE APPLICATION FORM  
2020

***Please attach the following documents.  
No application will be processed without the following documentation:***

- *Certified copy of the applicants' ID*
- *Certified copies of salary slips (not older than 3 months) from both parents / guardian*
- *Monthly budget statement with income and expenses*

**A. STUDENT DETAILS:**

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

ID Number: \_\_\_\_\_

Gender: M / F

Permanent Home Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**B. FATHER DETAILS:**

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

ID Number: \_\_\_\_\_

Marital Status: Married / Single / Widowed / Divorced

Permanent Home Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's name: \_\_\_\_\_

Employer's Contact Number: \_\_\_\_\_

**C. MOTHER DETAILS:**

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

ID Number: \_\_\_\_\_

Marital Status: Married / Single / Widowed / Divorced

Permanent Home Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's name: \_\_\_\_\_

Employer's Contact Number: \_\_\_\_\_

**D. APPLICANT DECLARATION**

I (INSERT FULL NAME) \_\_\_\_\_

hereby declare that the information stated in this application is true to the best of my knowledge. I have submitted this information knowing that if I willfully state anything in it which I know to be false or for which I do not believe to be true, I may be ineligible for all financial assistance, and or disciplinary / legal action may be taken against me by the Academy, including immediate cancellation of the bursary, upon which time the bursary will immediately become due for repayment. I further undertake to inform the Financial Aid Officer timeously of any change in my circumstances. I acknowledge that should I fail to do so and continue to receive financial assistance which I would not be entitled to by reason of my changed circumstances, the Academy may have recourse against me in the ways set out above.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT / LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_