



BURSARY APPLICATION FORM 2023

Please complete this form

Closing date: 31 March 2023

PERSONAL DETAILS									
Title (Mr, Mrs, Miss):						Male		Female	
Full Names:									
Surname:									
ID or Passport number:				Date of Birth					
Home Address:									
Country:				Province:			Code:		
Church:									
Email:									
Telephone no:				Cell Phone no:					
Marital status:		Married		Single		Divorced		Widow	
Parent/ Guardian full name:									
Parents Profession:			Mother			Father			
Telephone of parent/guardian:									
Are you receiving or have received another bursary/ student loan?									
If yes, state the name of the institution that granted the bursary/student loan and the obligation:									

QUALIFICATIONS

School/Matric Results

Final term results

SUBJECT	%

Tertiary Results

Latest Semester results

SUBJECT	%

CURRENT STUDIES AT UNIVERSITY/COLLEGE

Current course of study:

University/College/ Public School you wish to/ currently studying at:

Current year of study:

Major subjects for the course:

PLEASE ATTACH COPIES OF THE FOLLOWING:

- ✓ Certified copies of your ID
- ✓ Certified copies of parent/ guardian ID if applicable
- ✓ Matric Certificate OR Recent Academic Transcript
- ✓ Acceptance letter OR Proof of Registration
- ✓ Pay slip of parent/guardian if applicable
- ✓ Transcript of fees – School OR University
- ✓ Endorsement by local Pastor
- ✓ Banking details of the Institution where you are registered on the official letterhead of your institution e.g. University or College

Incomplete applications

Please note: Incomplete application forms will not be considered.

Member Churches

Angola: IELA **Botswana:** ELCSA, ELCSA-BD, LCSA **Lesotho:** ELCSA-Mission Circuit **Malawi:** ELCM **Mozambique:** IELM
Namibia: ELCIN, ELCRN, GELC **South Africa:** ELCSA, ELCSA (Cape Church), ELCSA (N-T), LCSA, MCSA **Swaziland:**
 ELCSA-ED **Zambia:** ELCZa, LECA **Zimbabwe:** ELCZ





ENDORSEMENT BY CHURCH LEADER/BISHOP

Full names of applicant: _____

Course wish to study: _____ Year: _____

Residential address of applicant: _____
_____ Code: _____

Full names of pastor: _____

Full names of Bishop: _____

Full names of Church Residential Address: _____
_____ Code: _____

1. I _____ the undersigned, herewith provide the following testimonial:

2. I have considered the above applicant and wish to make the following recommendation:

Signature of applicant: _____ Date: _____

Signature of Pastor : _____ Date: _____

Church Official Stamp