



**CHILDREN OF HOUT BAY EDUCATION & LEARNING OPPORTUNITY**

Date: \_\_\_\_\_

**Application for financial assistance**

No assessment will be done without full disclosure and supporting documents:

- ✓ Latest report of applicant
- ✓ Character reference
- ✓ Birth certificate of applicant
- ✓ Proof of residence of parents
- ✓ Proof of income of parents
- ✓ Bank statement (last 3 month)
- ✓ Copy of ID of parents (at least 1 x South African)

<b>Bursary requested for:</b>	
Surname	
First Name	
Date of Birth	
Nationality	
ID - Number (number of unabridged birth certificate)	
School before HBIS	

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c/o Hout Bay International School, Main Road, 7806 Hout Bay

T: 0027-21-7917900, E-Mail: [hello@chelo.org.za](mailto:hello@chelo.org.za), Web-Page: [www.chelo.org.za](http://www.chelo.org.za)

facebook: [chelo – children of Hout Bay education and learning opportunity](#)

NPO # 094-713-NPO - Banking details:

chelo, NEDBANK, Acc# 1021786861, Branch Code 167609, swift code NEDSZAJJ



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	Mother			Father		
Surname						
First Name						
Home Address						
Home Tel						
Cell Phone						
E-Mail						
Business Tel						
Occupation						
ID - Number						
Nationality						
Date of Birth						
Present marital status (please mark with 'x')	single	married	widowed	single	married	widowed
Grandparents of student						

Other dependants of family:				
Full Name	Date of Birth	School	Occupation	Address

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<b>Assest / liabilities:</b>	YES	NO	If yes, please explain:	Value:
Do you have assets or liabilities?				
Do you have shares?				
Name of your bank:				
Type of your bank account:				
Do you have a life or retirement policy?				
Do you have a bond / loan?				

<b>Monthly Income:</b>	<b>Father</b>	<b>Mother</b>
Name of Employer		
Postal address of employer		
Tel and cell of employer		
What position do you hold		
Gross monthly salary		
Travelling allowance		
Housing allowance		
Gross remuneration		
PAYE/Provisional TAX/Site		
Medical Aid		
Pension		
Annual bonus		
Maintenance/welfare		
<i>Total income parent:</i>		
<b><i>Total income per family:</i></b>		

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<b>Monthly Expenditure</b>	
Rent / bond	
Levy / rates	
Water / electricity	
Telephone	
Cell	
Groceries	
Clothing	
Domestic Wages	
Extra Mural	
Transport	
Fees excl HBIS	
Medical Doctor appointments	
Insurance	
Vehicle (petrol/repairs)	
TV - Licence	
TV - Satelite / M NET	
Gifts	
Donations (religious institution/clubs)	
Pocket Money	
Holidays	
Sport	
<b>Total Expenditure:</b>	
<b>Netto per month:</b>	

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Name mother / legal guardian printed: \_\_\_\_\_

Signature mother / legal guardian: \_\_\_\_\_

Name father / legal guardian printed: \_\_\_\_\_

Signature father / legal guardian: \_\_\_\_\_

Full names of witness: \_\_\_\_\_

Signature witness: \_\_\_\_\_

Date: \_\_\_\_\_

Please sign your initials at each page!

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