



KAICOMBEY FOUNDATION

BURSARY / SCHOLARSHIP APPLICATION FORM

SERVICE TO HUMANITY

KINDERGARTEN BURSARY APPLICATION FORM

Parent/Guardian Bursary Fund Application

To be completed by the bursary candidate's parent or guardian

This financial assistance is a supplementary award that normally goes towards students living expenses, books, and 50 to 100% of tuition fee as per student's financial need and the availability of funding. However, the award advert will specify the eligibility and terms of reference for that year. In order to be considered, you must prove financial need and must be making satisfactory academic progress. Apparently, not everyone who qualifies will receive a bursary/scholarship because of limited funding. It is a standing policy that, no Kaicombey Families and relatives are eligible for this bursary/scholarship in question; neither gives reference nor be a referee for any applicant. Complete page 1 to 4 of this application form. Please attach all supporting documents including copies of your previous and current academic documents / transcript etc.

PARENT/GUARDIAN'S NAME: _____

GENDER: M / F

ADDRESS: _____

PHONE: _____

E-MAIL: _____

NAME OF CHILD/APPLICANT _____ BOY / GIRL(circle one)

STANDARD (CLASS) FOR WHICH ASSISTANCE IS REQUESTED: # _____

BURSARY / SCHOLARSHIP AMOUNT REQUESTED \$ _____ (Attach copies of school report card).

PARENT/GUARDIAN'S SIGNATURE: _____

DATE: _____

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WE REQUIRE INDEPENDENT VERIFICATION OF YOUR FINANCIAL NEED. PLEASE PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF A COMMUNITY AGENCY REPRESENTATIVE OR OTHER NON-RELATED PERSON WHO CAN MAKE THIS VERIFICATION.

REFERENCE NAME: _____ PHONE: _____

AGENCY OR RELATIONSHIP: _____

ADDRESS: _____

REFERENCE SIGNATURE: _____

DATE: _____

I HEREBY DECLARE THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS COMPLETE AND TRUE. THEREFORE, CONSENT AND AUTHORIZE THE DISCLOSURE TO THE AWARD AND FINANCIAL COMMITTEE OF THE KAICOMBEY FOUNDATION ANY INFORMATION FROM ANY PERSON(S), PRIVATE OR PUBLIC ORGANIZATION, WHICH WOULD ASSIST IN DETERMINING MY ELIGIBILITY FOR THIS SAID AWARDS. I ALSO GRANT THE FOUNDATION PERMISSION TO RELEASE MY NAME AND ADDRESS TO THE DONOR OF ANY AWARD I MIGHT RECEIVE FROM THE FOUNDATION.

NAME OF APPLICANT: _____
(Please print your name)

SIG: _____ DATE: _____

