



**TO BE COMPLETED BY A SOCIAL WORKER **OR** YOUR SCHOOL/ PRINCIPAL:**



**To be completed by Social Worker**

I, the undersigned \_\_\_\_\_ (Full Name & Surname as per ID Document) in my capacity as \_\_\_\_\_ (position) at the Department of Social Development, hereby confirm that the declaration and information provided by the Applicant \_\_\_\_\_ (Name and Surname of applicant) \_\_\_\_\_ (ID number of applicant); is to the best of my knowledge, both true and correct.

SIGNATURE OF SOCIAL WORKER		DATE OF SIGNATURE							
		Y	Y	Y	Y	M	M	D	D

CELLPHONE NUMBER OF SOCIAL WORKER

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SACSSP REGISTRATION NUMBER

EMAIL ADDRESS



**To be completed by Principal of school last attended**

I, the undersigned \_\_\_\_\_ (Full Name & Surname as per ID Document) in my capacity as \_\_\_\_\_ (position) at the \_\_\_\_\_ (Name of School) hereby confirm that the declaration and information provided by the Applicant \_\_\_\_\_ (Name and Surname of Applicant) \_\_\_\_\_ (ID number of applicant); is to the best of my knowledge, both true and correct.

**EMIS NUMBER**

EMAIL ADDRESS

[illegible]

**SCHOOL NAME**

CELLPHONE NUMBER OF PRINCIPAL

SIGNATURE OF PRINCIPAL		DATE OF SIGNATURE							
		Y	Y	Y	Y	M	M	D	D

SCHOOL STAMP



### Disclaimer and Signature of Applicant

By signing this application form, I accept and understand that this application does not guarantee that I will receive NSFAS administered funding. I acknowledge that any personal information and supporting documentation supplied to NSFAS is done so voluntarily in order to facilitate the processing of this application. I furthermore acknowledge that the information provided by me, is to the best of my knowledge both true and correct, and that I understand that any false or inaccurate information or documentation submitted may render the application invalid and I may be subject to legal action. I understand and accept that if my application for financial aid is approved as provisionally funded by NSFAS, funding is only confirmed and processed on receipt by NSFAS of valid registration costs from a public higher education institution for an approved funded programme. I accept that funding granted would be governed by the NSFAS Eligibility Criteria & Conditions for Financial Aid terms of NSFAS which may be amended annually, and that I will comply with the annual requirements funding.

By submitting this application, I understand, acknowledge and accept the terms and conditions contained in the NSFAS Bursary and Loan Agreement. The NSFAS Bursary and Loan Agreement terms and conditions can be found on the NSFAS website [www.nsfas.org.za](http://www.nsfas.org.za).

SIGNATURE OF APPLICANT		DATE OF SIGNATURE							
		Y	Y	Y	Y	M	M	D	D