

SCHOLARSHIP APPLICATION FORM

Please complete this form and return it to Clifton School by **22 February 2017**, marked for the attention of Barry Mezher.

	TO BE COMPLET	TED BY PA	ARENT/GUARDIAN		CLIFTON
D					Scholarship
Pupil's Surname: First Name:					Leadership
Date of Birth:					Sportsmanship
Religious Affiliation:					
Current School:				_	Community
Please mark the schola	rship(s) for which you are	applving w	vith an 'X:		
ACADEMIC	SPORT		ULTURAL	ALL-ROUNDER	
Name (Prof/Dr/Mr):			Name (Prof/Dr/Mrs/Ms	s):	
Marital Status:			Marital Status:		
Nationality:			Nationality:	-	
ID Number:			ID Number:	-	
Physical Address:			Physical Address:		
Postal Code:			Postal Code:		
Home Tel:	Cell:		Home Tel:	Cell:	
Email:	Ceii.		Email:	Cell	
Occupation:			Occupation:		
Employer:			Employer:		
Bus Tel:	Fax:		Bus Tel:	Fax:	
welcome at the se	at, while the school is a mult chool.		,		
Signature: Father/Guardian			Signature: Mothe	r/Guardian	
Date:			Date:		
	TO BE COMPLETED B	Y SCHOL	ARSHIP APPLICANT		
not need to include documentation if n 2 In addition, please	CV to this application, in whice additional documentation or ecessary. write a short essay in which you believe you will add to ou	copies of ce	ertificates, although the Sc	hool reserves the right to o	call for this
	IMPORTANT:	PLEASE A	ATTACH		
	An application fee of R600 (n A copy of the applicant's mos A copy of his Identity docume A copy of both parents' identi	on-refundab t recent sch nt or Unabr	le; waived for Clifton pupil ool report(s). idged Birth Certificate.	s).	
	ITC	AUTHORI	ZATION		
	e right to conduct any credit that the parents/guardians o				to, and to satisfy
Signature: Father/Guard	ian	Signatu	re: Mother/Guardian	Date	