

ONE YEAR  
FOUNDATIONAL SCHOLARSHIP OF ISLAMIC SCIENCES PROGRAM  
UŞUL-UD-DİN



Date	
Student No	

**MADINA INSTITUTE**  
**BURSARY APPLICATION FORM 2016**  
(All information furnished in this document will be treated confidentially.)

I, \_\_\_\_\_ (Full Names) ID No. \_\_\_\_\_  
\_\_\_\_\_ the Father/Mother/Guardian of \_\_\_\_\_  
\_\_\_\_\_ declare that I am  
unable to pay the full fees of learners as follows:-

I, further declare that my state of affairs are as follows:-

1. My residential address is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No

\_\_\_\_\_

Cell phone No.

\_\_\_\_\_

My Business address is \_\_\_\_\_

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Business No.

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Cell phone No.

2. The name and address of my Employer is:

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Work No.

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Cell phone No.

3. I, am married/unmarried and have \_\_\_\_\_ dependant(s), who are related to me by virtue of the fact that they are my \_\_\_\_\_ and they are respectively \_\_\_\_\_ years old.

4. **My assets are:-**

4.1 Immovable property/ies which are valued at

R \_\_\_\_\_

4.2 **Movable Property:**

Furniture valued at:

R \_\_\_\_\_

Vehicles valued at:

R \_\_\_\_\_

Jewelry valued at

R \_\_\_\_\_

Other assets valued at:

R \_\_\_\_\_

**Total Assets:**

R \_\_\_\_\_

5. **My liabilities are the following:**

5.1 Bond / Mortgage

R \_\_\_\_\_

5.2 Other : (please specify)

(i) .....

R \_\_\_\_\_

(ii) .....

R \_\_\_\_\_

(iii) .....

R \_\_\_\_\_

**Total Liabilities**

R \_\_\_\_\_

6. My monthly income is arrived as follows:-

Gross Salary/Income (including overtime)

R \_\_\_\_\_

Income of spouse and dependants

R \_\_\_\_\_

Other income

R \_\_\_\_\_

**TOTAL INCOME**

R \_\_\_\_\_

7. My monthly expenditure is arrived at as follows:-

7.1 Food

R \_\_\_\_\_

7.2 Rental

R \_\_\_\_\_

7.3 Hire Purchase

R \_\_\_\_\_

7.4 Electricity, Rate & Water

R \_\_\_\_\_

7.5 Clothing

R \_\_\_\_\_

7.6 Court Orders

R \_\_\_\_\_

7.7 Subscriptions (Mnet, etc)

R \_\_\_\_\_

7.8 School Fees

R \_\_\_\_\_

7.9 School Fees

R \_\_\_\_\_

7.10 Telephone/Cell Phone

R \_\_\_\_\_

7.11 Other (specify).....

R \_\_\_\_\_

**TOTAL MONTHLY EXPENSES**

R \_\_\_\_\_

Children at other Schools / Tertiary Education Institutes

Name	Institute	Grade	Fees Payable
			R _____
			R _____
			R _____
<b>Total</b>			R _____

I am in the position to pay fees as detailed below:-

(The institute highly recommends that you try and contribute towards the fees on a monthly basis)

Name of Learner	Amount affordable	Date to pay

I request the balance to be paid by (tick appropriate block)

Zakaat	
Lillah	

Full name of Parent/Guardian:	_____
Relationship to Learner/s:	_____
Signature:	_____
Date:	_____

**SUBMIT FULL FINANCIAL DOCUMENTATION (i.e. Salary Advice, latest Bank Statement, Electricity & Water account, Rental receipt/invoice, Mortgage payments, Telephone/Cell phone accounts and /or other account statements) WITH THIS DOCUMENT.**

**APPLICATION SUBJECT TO APPROVAL BY THE INSTITUTE BURSARY BOARD**

FOR OFFICE USE		
Student Name & Number		
Date Sent		
Date Receive		
Date Reviewed		
Amount Approved		
Source		