



High School Scholarship Application Form

CLOSING DATE: 31 October 2024

1. IMPORTANT REQUIREMENTS - Scholars that meet the following criteria may apply:

- Male or female
- Currently be in Grade 6 (2024)
- 12 years or younger
- Attaining an average of 70% and above in their latest academic report
- Attaining an average of 70% for Mathematics, Natural Science and English
- Demonstrate financial need: household gross income combined not exceeding R20 000.00 per month

2. APPLICATION CHECKLIST TO BE ATTACHED: Only attach the documents requested!

- Certified copy of Scholar's birth certificate
- Certified copy of Scholar's final Grade 5 report
- Certified copy of Scholar's Grade 6 term 2 report
- Certified copies of Parent/Guardian(s) ID
- Certified copy of latest payslip (for both parents/guardian, if applicable)
- Certified copy of SASSA Letter of confirmation (if applicable)
- Latest 3 months bank statement
- Parents/Legal guardian signature (page 7)
- If recently unemployed, a certified letter of retrenchment or termination letter
- If self-employed, please submit the annual financial statements of your business (IT34 document)

IMPORTANT NOTICE TO PARENTS/GUARDIANS/CAREGIVERS

- Applicants must be South African citizens and from designated groups (Black South Africans i.e. African, Coloured and Indian).
- Submission of an SSP application does not guarantee the awarding of the SSP High School Scholarship.
- Successful applicants need to qualify and complete the various stages of the selection process before being considered for the Scholarship.
- Incomplete applications and applications that do not meet the SSP criteria will be rejected without notification.
- The decision to award the Scholarship rests solely with the Student Sponsorship Programme and is final, no correspondence will be entered into.
- Only qualifying applicants will be contacted/notified.

STUDENT SPONSORSHIP PROGRAMME SCHOLARSHIP APPLICATION FORM 2024

SECTION A - SCHOLAR INFORMATION (to be fully completed)
(Physical address is where scholar lives during school term)

Surname: _____	
First Names: _____	
Birth Date: (Day) ____/____	(Month) / ____ (Year)
Country of Birth: _____	
Gender: Male Female	Nationality: _____
Race: African White Indian Coloured Other Please specify _____	
Phone Numbers: (Mobile) ____	(Home) _____
Physical Address: _____	
Current School Name: ____	Current Grade: _____

SECTION B- PARENT/CAREGIVER/GUARDIAN 1 INFORMATION
(To be completed by contact person)

Full name and Surname: _____	
Relationship to Scholar: _____	
ID Number: ____	Nationality/Citizenship: _____
Country of Birth: _____	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status: _____
Race: African <input type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Coloured <input type="checkbox"/> Other <input type="checkbox"/> Please specify _____	
Physical Address: _____	
Phone Numbers: (Mobile) _____	(Work) _____
Email Address: _____	
Employer: _____	Position: _____
Gross Monthly income: _____	Other Income: _____

DEVELOPING LEADERS THROUGH ACADEMIC EXCELLENCE

STUDENT SPONSORSHIP PROGRAMME SCHOLARSHIP APPLICATION FORM 2024

EXPENSES

Home rental or Bond	R	Medical Aid	R
Vehicle repayment & Insurance	R	School / University Fees	R
Transport	R	Telephone Bills	R
Life Insurance	R	Water and Electricity	R
Pension or Provident Fund	R	Entertainment	R
Clothing and Other accounts	R	Groceries	R
Personal Loan	R	Child Maintenance	R
Credit Card	R	Other	R
TOTAL			R

NO. OF DEPENDENTS

NAME:	AGE:	SCHOOL LEVEL (School/University)	SCHOOL / UNIVERSITY FEES (where applicable)

SECTION B- PARENT/CAREGIVER/GUARDIAN 2 INFORMATION

Full name and Surname: _____	
Relationship to Scholar: _____	
ID Number: ____	Nationality/Citizenship: _____
Country of Birth: _____	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Marital Status: _____	
Race: African <input type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Coloured <input type="checkbox"/> Other <input type="checkbox"/> Please specify _____	
Physical Address: _____	
Phone Numbers: (Mobile) _____	(Work) _____
Email Address: _____	
Employer: _____	Position: _____
Gross Monthly income: ____	Other Income: _____

DEVELOPING LEADERS THROUGH ACADEMIC EXCELLENCE

STUDENT SPONSORSHIP PROGRAMME SCHOLARSHIP APPLICATION FORM 2024

EXPENSES

Home rental or Bond	R	Medical Aid	R
Vehicle repayment & Insurance	R	School / University Fees	R
Transport	R	Telephone Bills	R
Life Insurance	R	Water and Electricity	R
Pension or Provident Fund	R	Entertainment	R
Clothing and Other accounts	R	Groceries	R
Personal Loan	R	Child Maintenance	R
Credit Card	R	Other	R
TOTAL			R

NO. OF DEPENDENTS

NAME:	AGE:	SCHOOL LEVEL (School/University)	SCHOOL / UNIVERSITY FEES (where applicable)

STUDENT SPONSORSHIP PROGRAMME SCHOLARSHIP APPLICATION FORM 2024

Section A - Scholar Information:

Please complete this section fully. It is important to fill in all the details. The demographic questions and the details about the Scholar's current school asked in this section are for research and statistical purposes.

Section B - Parent/Guardian/Caregiver Information:

This section is included to establish a primary contact person and to identify all the primary caregivers of the Scholar in question. All who fit in the following categories are considered primary caregivers and must be listed in this section:

- All parents.
- Legal guardian/caregiver.
- People who act in the place of a parent and who live with the Scholar most of the time.
- People who act in the place of a parent, who do not live with the Scholar, but who share full financial responsibility of the Scholar.

The name and contact details of the parent/caregiver/guardian's spouse or partner must also be included. The details of the parent/caregiver/guardian's employment and the number of the people in any one household are important for statistical purposes and assist us in determining the financial need of any particular family.

IMPORTANT NOTICE:

If awarded the SSP High School Scholarship, the successful candidates will be required to attend school at an SSP selected partner school. Parents will be responsible for transport to and from school and daily meals. Parent contributions will be determined on a case-by-case basis.

Completed application forms (pages 2-4) must be emailed to contact@ssp.org.za on or before 31 October 2024 with all necessary documentation attached (checklist marked). The sole right of selection lies with the Student Sponsorship Programme.

DECLARATION

I, _____ (Full names of parent/guardian/caregiver) sign to acknowledge that I understand the terms and conditions set out in this document, that the information I have provided is true and accurate, and that the written work submitted is the work of the applicant, unaided by any other person and is written in the applicant's own hand.

POPI Act:

The Student Sponsorship Programme (SSP) commits to strictly adhering to the regulations of keeping your personal information safe and communicating responsibly. The information provided will be securely stored and used for the sole purposes of the application process.

The Protection of Personal Information Act (POPIA) came into effect on the 1st of July 2021. The act requires that we obtain consent to communicate and to store your information in a responsible manner. "POPIA gives data subjects their constitutional right to privacy, by safeguarding their personal information when processed by an organisation, balancing the right to privacy against other rights. It also aims to protect important interests, including the free flow of information within the Republic and across international borders. It also provides individuals the right to make data subject rights requests and the ability to make complaints to the Regulator for violations of POPIA which carry serious reputational, financial, and operational risks."(South Africa Compliance, 2019)

Signed: _____

Date: _____